



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 13 2019

BY

1932

1. Entity ID Number 000065460		2. Exact name of the Corporation CRAYONS & LOLLIPOPS, INC			
3. Principal Office Address 479 WEST AVE			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 624410	6. Brief description of the character of business conducted in Rhode Island daycare				
5. State of Incorporation rhode island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAWN OLAGBEGI			Vice-President Name KEMI OLAGBEGI-WESTON		
Street Address 501 ROOSEVELT AVE R-04			Street Address 438 S MAIN ST		
City CENTRAL FALLS	State RI	Zip 02863	City ATTLEBORO	State MA	Zip 02703
Secretary Name BRANDI VENTER			Treasurer Name		
Street Address 7 UNITY ST			Street Address		
City PAWTUCKET	State RI	Zip 02863	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAWN OLAGBEGI			Director Name KEMI OLAGBEGI-WESTON		
Street Address 501 ROOSEVELT AVE			Street Address 438 S MAIN ST		
City CENTRAL FALLS	State RI	Zip 02863	City ATTLEBORO	State MA	Zip 02703
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Dawn Olagbegi				Date 03-06-2019	
Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE					