



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

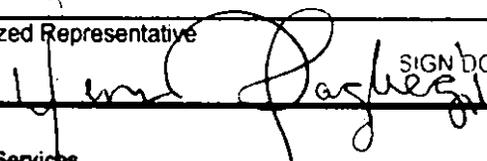
Annual Report for the year: 2019
Corporation

FILED

MAR 13 2019

BY 1932

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

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 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
		100		STK	0.0000
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. <i>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.</i>					
Name of Authorized Representative Dawn Olagbegi				Date 03-06-2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov