



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 001684962

2. Name of Corporation Zearn, Inc.

3. State of Incorporation

State: DE

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

611710

4. Corporate Address in Rhode Island

No. and Street: 261 W 35TH STREET
15TH FLOOR

City or Town: NEW YORK State: RI Zip: 10001 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 261 W 35TH ST, 15TH FL

City or Town: NEW YORK State: NY Zip: 10001 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EDUCATION RECHNOLOGY THAT OFFERS K-5 MATH CIRRICULUM TO STUDENTS AND TEACHERS FREE OF CHARGE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	ROBERT KARR	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
TREASURER/CFO	ROBERT KARR	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
PRESIDENT/CEO	SHALINEE SHARMA	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
DIRECTOR	DACIA TOLL	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
DIRECTOR	JUDY WURTZEL	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
DIRECTOR	NORMAN ATKINS	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
DIRECTOR	AIMEE EUBANKS	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
DIRECTOR	ROBERT KARR	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
DIRECTOR	DAVE LEVIN	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
DIRECTOR	LARRY ROBBINS	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
DIRECTOR	DAVID SALTZMAN	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
DIRECTOR	SHRUTI SEHRA	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA
DIRECTOR	SHALINEE SHARMA	261 W 35TH ST,15TH FL NEW YORK, NY 10001 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of June, 2020 at 7:01:40 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SHALINEE SHARMA
Signature of Authorized Person

