ſ						
	State of Rhode Island Office of the Secretary of State	Fee: \$50.00				
	Division Of Business Services					
	148 W. River Street					
1636	Providence RI 02904-2615					
.030	(401) 222-3040					
Business Corporati Annual Report Filing Period: February						
file its annual report wi	G.L. 7-1.2-1501(e), each corporation failing or refusing to thin thirty (30) days after the time prescribed by law &d)) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024						
1. Corporate ID No.	000065460					
2. Name of Corporation <u>CRAYONS & LOLLIPOPS, INC.</u>						
3. Street Address Principal Business Office:						
No. and Street:	479 WEST AVE					
	SUITE 1					
City or Town:	<u>PAWTUCKET</u> State: <u>RI</u> Zip: <u>02860</u> Country: <u>U</u>	JSA				
4. Business Phone N	0.					
<u>4017230200</u>						
5. State of Incorporat	ion					
State: <u>RI</u>						
	NAICS CODE					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.						
<u>624410</u>						
6. Brief Description o	f the Character of Business Conducted in Rhode Island					
DAYCARE CENTER	<u>R</u>					
7. Names and Addres	ses of the Officers and Directors:					
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.						

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAWN OLAGBEGI	479 WEST AVE PAWTUCKET, RI 02860 US
SECRETARY	BRANDI VENTER	479 WEST AVE PAWTUCKET, RI 02860 US
VICE PRESIDENT	KEMI WESTON	438 SOUTH MAIN ST ATTLEBORO, MA 02703 USA
DIRECTOR	DAWN OLAGBEGI	479 WEST AVE, SUITE 1 PAWTUCKET, RI 02860 USA
DIRECTOR	DAWN OLAGBEGI	479 WEST AVE PAWTUCKET, RI 02860 USA

8. Shares Authorized and Issued

				Total Issued
Class of Stock	Series of Stock	Par Value Per		and
		Share	Total Authorized	Outstanding
			Shares	Num of
			Number of Shares	Shares
STK		\$0.0000	100.00	100

9. 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.

Signed this 19 Day of April, 2024 at 4:04:27 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DAWN OLAGBEGI

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved