RI SOS Filing Number: 202565582290 Date: 2/13/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FIELD STAMP
FEB 13 2025
BY 4950

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
486284	Scribbles Academy, Inc.			
3. Principal Office Address		City	State	Zip
678 Killingly Street		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
624110	Child Daycare and Preschool Services.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Sherri Charron			Vice-President Name: Sherri Charron		
Street Address: 678 Killingly Streeet			Street Address: 678 Killingly Street		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Sherri Charron			Treasurer Name: Sherri Charron		
Street Address: 678 Killingly Street			Street Address: 678 Killingly Street		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

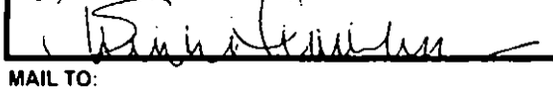
9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	no par value

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	Date
Sherri Charron	1/31/2025

Signature of Authorized Representative



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

FORM 630- Revised. 12/2023