State of Rhode Island
Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 MAY 12 P 1:50

1. Entity ID Number	2. Exact name of the Corporation			
0017012218	Early Learners Academy, Inc			
3. Principal Office Address		City	State	Zip
1009 Taunton Ave		Seekonk	MA	02771
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
624410	The purpos of Early Learners Academy, Inc is to operate a Daycare/Preschool Business and An any other purpose authorized and permitted			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Marissa Ann Crawley					
Street Address			Street Address		
14 Scarlett Way					
City / State / Zip			City / State / Zip		
Cranston	RI	02921			
Secretary Name			Treasurer Name		
Marissa Ann Crawley			Marissa Ann Crawley		
Street Address			Street Address		
14 Scarlett Way			14 Scarlett Way		
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921

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.	10,000.00	CWP	$0.0100

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
Marissa Crawley	FILED	5/12/24
Signature of Authorized Representative	MAY 12 2025	
	BY KLK PV	1:53

MAIL TO:
Division of Business Services
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