



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

- 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 <u>00171218</u>		2. Exact name of the Corporation <u>Early Learners Academy, Inc.</u>		2025 MAY 12 P 1:50	
3. Principal Office Address <u>1009 Taunton Ave</u>			City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>
4. NAICS Code <u>624410</u>		6. Brief description of the character of business conducted in Rhode Island <u>The purpose of Early Learners Academy, Inc is to operate a Daycare/Preschool Business and for any other purpose authorized and permitted</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Marissa Ann Crawley</u>			Vice-President Name		
Street Address <u>14 Scarlett Way</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City	State	Zip
Secretary Name <u>Marissa Ann Crawley</u>			Treasurer Name <u>Marissa Ann Crawley</u>		
Street Address <u>14 Scarlett Way</u>			Street Address <u>14 Scarlett Way</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.			10. Shares Issued		CLASS/SERIES
			NUMBER OF SHARES	PAR VALUE	
			<u>10,000.00</u>	<u>CWP</u>	<u>\$0.0100</u>
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. FILED					
Name of Authorized Representative <u>Marissa Crawley</u>				Date <u>5/12/24</u>	
Signature of Authorized Representative <u>[Signature]</u>				BY <u>Klok RV</u> 1:51	