



Annual Report for the year: 2022
 Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2022 AUG -5 P 4:11

Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>000792944</u>		2. Exact name of the Corporation <u>BKY, INC.</u>			
3. Principal Office Address <u>26 Hi View Drive</u>		City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	
4. NAICS Code <u>812199</u>		8. Brief description of the character of business conducted in Rhode Island <u>yoga studio now closed</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>Lisa Golde</u>			Vice-President Name		
Street Address <u>26 Hi View Dr</u>			Street Address		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Lisa Golde</u>			Director Name		
Street Address <u>26 Hi View Dr</u>			Street Address		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>0</u>	CLASS/SERIES	PAR VALUE <u>\$1.00</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.					
Name of Authorized Representative <u>Lisa Golde</u>				Date <u>8-2-2022</u>	
Signature of Authorized Representative <u>Lisa Golde</u>					

FILED

AUG 05 2022
 STATE A.A. 4:13 pm