



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021
 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>	6. Brief description of the character of business conducted in Rhode Island <u>yoop 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 Drive</u>		Street Address	
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>0</u>	CLASS/SERIES
Changes require an additional filing.			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>[Signature]</u>			

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

AUG 05 2022

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 A.A. 4:12 pm