



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |   |  |                    |                     |
|--|--------------------|---|--|--------------------|---------------------|
| 1. Entity ID No. <u>16258</u><br><u>201407</u>   |                    | 2. Exact name of the Corporation<br><u>HEAVENLY SOLES</u> |  |                    |                     |
| 3. Principal office address<br><u>PO BOX 3864</u>  |                    |   | City<br><u>NEWPORT</u>   | State<br><u>RI</u> | Zip<br><u>02840</u> |
| 4. Business Phone No.<br><u>401 477-4278 / STORE #</u>   |                    | 5. State of Incorporation<br><u>4018460067 RI</u>         |  |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><u>FOOTWEAR + ACCESSORIES</u>   |                    |   |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |   |  |                    |                     |
| President Name<br><u>JESSICA LEPORACCI</u>   |                    |   | Vice-President Name<br><u>ADAM STADEL</u>                                  |                    |                     |
| Street Address<br><u>338 SPRING ST APT B</u>   |                    |   | Street Address<br><u>338 SPRING ST</u>                                     |                    |                     |
| City<br><u>NEWPORT</u>   | State<br><u>RI</u> | Zip<br><u>02840</u>                                       | City<br><u>NEWPORT</u>   | State<br><u>RI</u> | Zip<br><u>02840</u> |
| Secretary Name   |                    |   | Treasurer Name   |                    |                     |
| Street Address   |                    |   | Street Address   |                    |                     |
| City   | State              | Zip   | City   | State              | Zip                 |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |   |  |                    |                     |
| 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                 |
| <b>9. SHARES AUTHORIZED</b>  |                    |   | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |                    |   | NUMBER OF SHARES   | CLASS/SERIES       | PAR VALUE           |
|  |                    |   | <u>2000</u>  | <u>COMMON</u>      | <u>NO PAR VALUE</u> |

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FILED**

FEB 11 2014

BY 2865

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.

Signature of Authorized Representative

Date 1/27/14

ADAM STADEL  
 Print or Type Name of Authorized Representative