



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

Annual Report for the year: 2017
Corporation

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2016 DEC 20 PM 1:4

1. Entity ID Number 794557		2. Exact name of the Corporation sophaya, Inc.			
3. Principal Office Address 11 South Angell Street, #324		City Providence	State RI	Zip 02906	
4. Business Phone Number 401-286-9828		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Custom training programs, online courses, executive coaching, business consulting, specialty retail					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mari Anne Snow			Vice-President Name NONE		
Street Address 22 Lafayette Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
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 NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000	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 Mari Anne Snow				Date Nov 14, 2016	
Signature of Authorized Representative <i>Mari Anne Snow</i> BY DOCUMENT HERE					

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

FILED
 DEC 20 2016
 By *AT 291304*