



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.

1. Entity ID Number 911695		2. Exact name of the Corporation BAA SOAP, INC.			
3. Principal Office Address 52 White Pine Drive			City Chepachet	State RI	Zip 02814
4. NAICS Code 81 - Other Services (except		6. Brief description of the character of business conducted in Rhode Island making and selling goat milk soap and other related items			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michele C. Oram			Vice-President Name n/a		
Street Address 52 White Pine Drive			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name Michele C. Oram			Treasurer Name Michele C. Oram		
Street Address 52 White Pine Drive			Street Address 52 White Pine Drive		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			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		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	
		51		common	
				PAR VALUE	
				no par value	
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 Michele C. Oram , President				Date 3/17/17	
Signature of Authorized Representative 				BY	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov