



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 1036568	2. Exact name of the Corporation RAFFA TRAINING CORPORATION
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3. Principal Office Address 19 SHARPE DRIVE		City CRANSTON	State RI	Zip 02920
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4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island SPECIALIZED YOGA INSTRUCTOR TRAINING CLASSES.
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 CHRISTINE RAFFA		Vice-President Name SAME		
Street Address 1559 SNAKE HILL ROAD		Street Address		
City NO. SCITUATE	State RI	Zip 02857	City	State
Secretary Name SAME		Treasurer Name SAME		
Street Address		Street Address		
City	State	Zip	City	State

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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State

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	CLASS/SERIES	PAR VALUE
	100	COMON	\$1.00

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 CHRISTINE RAFFA	Date 02/28/2017
Signature of Authorized Representative 	FILED MAR 09 2017

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

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