



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

FILED

Annual Report for the year: 2020
Corporation

FEB 20 2020
 BY *[Signature]* pay \$50.00

- 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 16258		2. Exact name of the Corporation HEAVENLY SOLES, INC.			
3. Principal Office Address 131 SWINBURNE ROW			City NEWPORT	State RI	Zip 02840
4. NAICS Code 448210		6. Brief description of the character of business conducted in Rhode Island RETAIL FOOTWEAR & ACCESSORIES			
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 JESSICA STADEL			Vice-President Name ADAM STADEL		
Street Address 131 SWINBURNE ROW			Street Address 131 SWINBURNE ROW		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name ADAM STADEL			Treasurer Name JESSICA STADEL		
Street Address 131 SWINBURNE ST			Street Address 131 SWINBURNE ST.		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JESSICA STADEL			Director Name ADAM STADEL		
Street Address 131 SWINBURNE ST.			Street Address 131 SWINBURNE St		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		50	COMMON	NO PAR VALUE	
		50	COMMON	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 ADAM STADEL					Date 01/22/2020
Signature of Authorized Representative <i>[Signature]</i>					

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