



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 OCT 23 P 2:20

Annual Report for the year: 2019

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 1683952		2. Exact name of the Corporation Breathing Time Yoga, Inc			
3. Principal Office Address 541 Pawtucket Ave, Mail Stop 105			City Pawtucket	State RI	Zip 02908
4. NAICS Code 611699		6. Brief description of the character of business conducted in Rhode Island Yoga instruction.			
5. State of Incorporation RI		Please note -- please send all correspondence to the President's home address, as we are not going into the office due to COVID			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Karen Lee			Vice-President Name		
Street Address 28 Parkway Ave			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
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			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	PAR VALUE	
		0		0	
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 Karen E Lee				Date 10/23/20	
Signature of Authorized Representative <i>Karen Lee</i>				<p>FILED</p> <p>OCT 23 2020</p> <p>BY <i>KTTVD</i></p> <p>A.A. 2:21 pm</p>	