



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JAN 25 2021
BY 2016 AS

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

1 Entry ID Number <u>10751281</u>		2 Exact name of the Corporation <u>Anya Corp</u>	
3 Principal Office Address <u>8 Jack Pine Rd.</u>		City <u>Coventry</u>	State <u>RI</u>
		Zip <u>02816</u>	
4 NAICS Code <u>621340</u>	5 Brief description of the character of business conducted in Rhode Island <u>speech/language teletherapy</u>		
5 State of Incorporation <u>RI</u>			
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Cheryl Messier</u>		Vice-President Name <u>Robert A. Messier</u>	
Street Address <u>8 Jack Pine Rd.</u>		Street Address <u>same</u>	
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	
Secretary Name <u>Cheryl Messier</u>		Treasurer Name <u>Robert A. Messier</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City	State	Zip	
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Cheryl Messier</u>		Director Name	
Street Address <u>8 Jack Pine Rd.</u>		Street Address	
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	
Director Name		Director Name	
Street Address		Street Address	
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	
		PAR VALUE	
		<u>0</u>	<u>1.00</u>
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. <i>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.</i>			
Name of Authorized Representative <u>Cheryl Messier</u>		Date <u>1/20/2021</u>	
Signature of Authorized Representative <u>Cheryl Messier M.S. SLP-CCC</u>			

MAIL TO:
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