



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

RECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.

2023 JAN -6 12:14

1. Entity ID Number 000534052		2. Exact name of the Corporation Vanessa Kiley Company										
3. Principal Office Address 64 CHURCH STREET, UNIT #3		City WARREN	State RI									
		Zip 02885										
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island LEADERSHIP, COACHING, AND CONSULTING SERVICES TO BUSINESSES AND INDIVIDUALS											
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 KRYSTAL VANESSA KILEY		Vice-President Name THOMAS P KILEY CPA										
Street Address PO BOX 30		Street Address PO BOX 30										
City WARREN	State RI	City WARREN	State RI									
Zip 02885		Zip 02885										
Secretary Name KRYSTAL VANESSA KILEY		Treasurer Name KRYSTAL VANESSA KILEY										
Street Address PO BOX 30		Street Address PO BOX 30										
City WARREN	State RI	City WARREN	State RI									
Zip 02885		Zip 02885										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name KRYSTAL VANESSA KILEY		Director Name THOMAS P KILEY CPA										
Street Address PO BOX 30		Street Address PO BOX 30										
City WARREN	State RI	City WARREN	State RI									
Zip 02885		Zip 02885										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100		.01										
Changes require an additional filing.												
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 THOMAS P KILEY CPA		Date 1/5/23										
Signature of Authorized Representative 												

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

FILED

JAN 6 2023

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FORM 630 - Revised: 11/2021