



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

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 SVCS DIV

1. Entity ID Number 000534052		2. Exact name of the Corporation Vanessa Kiley Company		2023 JAN -6 P 1:14							
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	Zip 02885	City WARREN	State RI	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	Zip 02885	City WARREN	State RI	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	Zip 02885	City WARREN	State RI	Zip 02885						
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"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>FAR 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	FAR VALUE	100		.01
NUMBER OF SHARES	CLASS/SERIES	FAR VALUE									
100		.01									
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 											

FILED

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

JAN 6 2023

BY WK3ZH

FORM 630 - Revised: 11/2021

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