



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 forms not filed by May 31

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN -6 P 1:14

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	Zip 02885	City WARREN
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
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized 10. Shares Issued <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		FAIR 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 			

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

BY WK3ZH

FORM 630 - Revised: 11/2021

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