



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1706207		2. Exact name of the Corporation Skye T. Associates, Inc.			
3. Principal office address 4 Cooper Drive			City Lincoln	State RI	Zip 02865
4. Business Phone No. 822-9900			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Independent Sales Contractor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Sandra Tonkovich			Vice-President Name Sandra Tonkovich		
Street Address 4 Cooper Drive PO BOX 412			Street Address 4 Cooper Drive PO BOX 412		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Sandra Tonkovich			Treasurer Name Sandra Tonkovich		
Street Address 4 Cooper Drive PO BOX 412			Street Address 4 Cooper Drive PO BOX 412		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SHARES	PAR VALUE
			1000	Common	None

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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 09 2023

BY _____

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.

Sandra Tonkovich 1/26/23
 Signature of Authorized Representative Date

Sandra Tonkovich
 Print or Type Name of Authorized Representative