



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.

FILEDSTAMP

 APR 05 2023
 BY 16939
 ES

1. Entity ID Number 001664446		2. Exact name of the Corporation SOPHIE'S BREW HOUSE, INC.			
3. Principal Office Address 699 South County Trail			City Exeter	State RI	Zip 02822
4. NAICS Code 722515		6. Brief description of the character of business conducted in Rhode Island COFFEE HOUSE DELI BAKED GOODS.			
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 PAMELA J. MACHON			Vice-President Name PAMELA J. MACHON		
Street Address 158 Glen Rock Road			Street Address 158 Glen Rock Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name PAMELA J. MACHON			Treasurer Name PAMELA J. MACHON		
Street Address 158 Glen Rock Road			Street Address 158 Glen Rock Road		
City Exeter,	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAMELA J. MACHON			Director Name		
Street Address 158 Glen Rock Road			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			CLASS/SHARES		
			PAR VALUE		
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 PAMELA J. MACHON, PRESIDENT					Date 3/30/2023
Signature of Authorized Representative 					