



**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.

FILED **STAMP**
MAY 15 2023
BY 21339 DS

1. Entity ID Number 526272		2. Exact name of the Corporation Innerlight Associates, Inc.			
3. Principal Office Address 850 Aquidneck Avenue		City Middletown		State RI	Zip 02842
4. NAICS Code 611599		6. Brief description of the character of business conducted in Rhode Island instruction and certification in yoga and mediation, wellness programs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kimberly G. Chandler			Vice-President Name Kimberly G. Chandler		
Street Address 70 Carroll Ave. Unit #101			Street Address 70 Carroll Ave. Unit #101		
City Newport		State RI	Zip 02840	City Newport	
Secretary Name Kimberly G. Chandler		Treasurer Name Kimberly G. Chandler			
Street Address 70 Carroll Ave. Unit #101			Street Address 70 Carroll Ave Unit #101		
City Newport		State RI	Zip 02840	City Newport	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City		State	Zip	City	
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City		State	Zip	City	
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"/>
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1500	CNP	0
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 Kimberly G Chandler					Date 5-11-23
Signature of Authorized Representative Kimberly G Chandler					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov