



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 JUN -1 PM 1:19

1. Entity ID Number <b>158845</b>		2. Exact name of the Corporation <b>SPIRIT TREE YOGA LTD</b>												
3. Principal Office Address <b>46 MECHANIC STREET</b>		City <b>WAKEFIELD</b>		State <b>RI</b>	Zip <b>02879</b>									
4. NAICS Code <b>611699</b>		6. Brief description of the character of business conducted in Rhode Island <b>Yoga Instruction</b>												
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>CATHY CESARIO</b>			Vice-President Name											
Street Address <b>46 MECHANIC STREET</b>			Street Address											
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td></td> <td><b>0.01</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>		<b>0.01</b>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
<b>100</b>		<b>0.01</b>												
Changes require an additional filing.														
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 <b>CATHY CESARIO</b>				Date <b>4/9/2023</b>										
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

JUN 01/2023  
BY **15WBQ**  
**1:21**

FORM 630 - Revised: 2/2023