



**State of Rhode Island
Department of State - Business Services Division**

STAMP

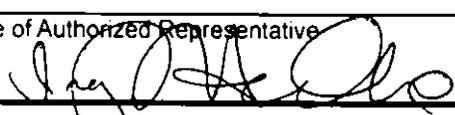
Annual Report for the year: 2024

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 OCT 30 P 2:56

1. Entity ID Number 001663791		2. Exact name of the Corporation Viridian Analytics Inc	
3. Principal Office Address 32 OAK STREET, APT. 4		City Providence	State RI
		Zip 02909	
4. NAICS Code 541690	6. Brief description of the character of business conducted in Rhode Island VIRIDIAN ANALYTICS INC - DBA BRIDALVISION FINANCIAL - OFFERS STRATEGIC FINANCIAL ADVISING AND ACCOUNTING SERVICES.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ingrid Elizabeth Heilke		Vice-President Name	
Street Address 32 Oak Street Apt 4		Street Address	
City Providence	State RI	Zip 02909	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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/SERIFS
		PAR VALUE	
		1000	CWP
			.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 Ingrid Heilke		Date 10/30/2023	
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

OCT 30 2023 2:58pm
BY LKS 3FV77
FORM 630- Revised 04/2023