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

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.

1. Entity ID Number <b>16258</b>		2. Exact name of the Corporation <b>Heavenly Soles, Inc.</b>			
3. Principal Office Address <b>131 Swinburne Row</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>448210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retail footwear and accessories</b>			
5. State of Incorporation <b>RI</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>Jessica Leporacci</b>			Vice-President Name <b>Adam Stadel</b>		
Street Address <b>131 Swinburne Row</b>			Street Address <b>131 Swinburne Row</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Adam Stadel</b>			Treasurer Name <b>Jessica Leporacci</b>		
Street Address <b>131 Swinburne Row</b>			Street Address <b>131 Swinburne Row</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jessica Leporacci</b>			Director Name <b>Adam Stadel</b>		
Street Address <b>131 Swinburne Row</b>			Street Address <b>131 Swinburne Row</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>50</b>	<b>Common</b>	<b>no par value</b>	
		<b>50</b>	<b>Common</b>	<b>no par value</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Adam Stadel</b>				Date <b>11/16/2023</b>	
Signature of Authorized Representative 				<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**NOV 29 2023**

BY Y2867

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