



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.

FEB 14 2024

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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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES 600	CLASS/SERIES COMMON	PAR VALUE NO PAR	
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 PAMELA J. MACHON, PRESIDENT					Date 2-7-2024
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021