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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.

1. Entry ID Number <u>1741959</u>		2. Exact name of the Corporation <u>Bethany DiPerrillo Coaching INC.</u>	
3. Principal Office Address <u>60 TOWN DOCK Rd. UNIT C</u>		City <u>Charlestown</u>	State <u>RI</u>
4. NAICS Code <u>812199</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>health coaching services provided to clients</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Bethany DiPerrillo</u>		Vice-President Name	
Street Address <u>60 TOWN DOCK Rd #C</u>		Street Address	
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	
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 ☐			
Director Name <u>SAME AS ABOVE</u>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐	
Changes require an additional filing.		CLASS/PERCENTAGE <u>0</u> <u>0.01</u>	
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 <u>Bethany DiPerrillo</u>		Date <u>3/22/24</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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 12/2023

FILED

MAR 22 2024
BY 04M73
A.A. 11:25 AM.