



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.

**FILED**

APR 23 2024

BY

*211015*

1. Entity ID Number 000526272		2. Exact name of the Corporation Innerlight Associates, Inc.			
3. Principal Office Address 850 Aquidneck Ave.			City Middletown	State RI	Zip 02842
4. NAICS Code 611519		6. Brief description of the character of business conducted in Rhode Island instruction and certification in yoga and meditation, wellness programs			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kimberly G. Chandler			Vice-President Name Kimberly G. Chandler		
Street Address 70 Carroll Ave. Unit #101			Street Address 70 Carroll Ave. Unit #101		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Kimberly G. Chandler			Treasurer Name Kimberly G. Chandler		
Street Address 70 Carroll Ave. Unit #101			Street Address 70 Carroll Ave. Unit #101		
City 02840Newport	State RI	Zip	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
1500			CNP		
			0		
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 Kimberly G. Chandler				Date 4/12/24	
Signature of Authorized Representative <i>Kimberly G. Chandler</i>					