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 2 3 2024
BY

1. Entity ID Number	2. Exact name of the Corporation		
000526272	Innerlight Associates, Inc.		
3. Principal Office Address	City	State	Zip
850 Aquidneck Ave.	Middletown	RI	02842
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
611519	instruction and certification in yoga and meditation, wellness programs		
5. State of Incorporation			
DE			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kimberiy 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) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Kimberly G. Chandler	4/12/24

Signature of Authorized Representative: Kimberly G. Chandler

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