



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.

REC'D RIDOS BSD
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1. Entity ID Number 000966058		2. Exact name of the Corporation Michelle D. Baker, LTD.												
3. Principal Office Address 45 Industrial Road, Ste 100			City Cumberland	State RI	Zip 02864									
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Counseling												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Michelle D. Baker			Vice-President Name											
Street Address 45 Industrial Road, Ste 100			Street Address											
City Cumberland	State RI	Zip 02864	City	State	Zip									
Secretary Name Michelle D. Baker			Treasurer Name Michelle D. Baker											
Street Address 45 Industrial Road, Ste 100			Street Address 45 Industrial Road, Ste 100											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Michelle D. Baker			Director Name											
Street Address 45 Industrial Road, Ste 100			Street Address											
City Cumberland	State RI	Zip 02864	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VA. U.S.</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VA. U.S.	100	CNP	\$0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VA. U.S.												
100	CNP	\$0.00												
Changes require an additional filing.														
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 Michelle D. Baker					Date 7/26/24									
Signature of Authorized Representative														

FILED

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

JUL 29 2024

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FORM 630- Revised: 04/2023