



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2025**

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
MAR 12 2025
BY 079 *or*

1. Entity ID Number 000012504	2. Exact name of the Corporation SOHO, INC.
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3. Principal Office Address 478 ANGELL ROAD	City LINCOLN	State RI	Zip 02865
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4. NAICS Code 531120	6. Brief description of the character of business conducted in Rhode Island ACQUISITION AND SALE OF REAL ESTATE
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5. State of Incorporation RI	
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name BARBARA PATRIARCA	Vice-President Name BARBARA PATRIARCA
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Street Address 478 ANGELL ROAD	Street Address 478 ANGELL ROAD
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City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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Secretary Name BARBARA PATRIARCA	Treasurer Name BARBARA PATRIARCA
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Street Address 478 ANGELL ROAD	Street Address 478 ANGELL ROAD
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City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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9. Shares Authorized 10. Shares issued Check the box to indicate an attachment

This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES 600	CLASS/SERIES COMMON	PAR VALUE NO PAR
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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 BARBARA PATRIARCA	Date 3-7-2025
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Signature of Authorized Representative <i>Barbara Patriarca</i>
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov