



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.

RECEIVED  
2025 APR 2 PM 12:00  
STAMP

1. Entity ID Number <b>001709626</b>		2. Exact name of the Corporation <b>Chopy Media, Inc.</b>			
3. Principal Office Address <b>70 Lionel Avenue</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>541920</b>		6. Brief description of the character of business conducted in Rhode Island <b>Photography Services</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Joshua Chopy</b>			Vice-President Name <b>Joshua Chopy</b>		
Street Address <b>70 Lionel Avenue</b>			Street Address <b>70 Lionel Avenue</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Joshua Chopy</b>			Treasurer Name <b>Joshua Chopy</b>		
Street Address <b>70 Lionel Avenue</b>			Street Address <b>70 Lionel Avenue</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <b>1000</b>	CLASS/SER LS <b>Common Shares</b>	PAR VALUE <b>no par value</b>	
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 <b>Joshua Chopy</b>				Date <b>3-23-25</b>	
Signature of Authorized Representative <i>[Signature]</i>					

FILED  
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BY **108**  
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