State of Rhode Island
Department of State - Business Services Division

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation			
001709626	**Chopy Media, Inc.**			
3. Principal Office Address		City	State	Zip
70 Lionel Avenue		**Coventry**	**RI**	**02816**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541920	**Photography Services**			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Joshua Chopy			**Joshua Chopy**		
Street Address			Street Address		
70 Lionel Avenue			**70 Lionel Avenue**		
City	State	Zip	City	State	Zip
Coventry	**RI**	**02816**	**Coventry**	**RI**	**02816**
Secretary Name			Treasurer Name		
Joshua Chopy			**Joshua Chopy**		
Street Address			Street Address		
70 Lionel Avenue			**70 Lionel Avenue**		
City	State	Zip	City	State	Zip
Coventry	**RI**	**02816**	**Coventry**	**RI**	**02816**

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

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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**1000**	**Common Shares**	**no par value**
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	Date
Joshua Chopy	3-23-25
Signature of Authorized Representative	

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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

FORM 630 - Revised: 04/2023