



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.

REC'D RIDOS BSD
25 APR 9 PM 2:56:30

1. Entity ID Number <u>1657757</u>		2. Exact name of the Corporation <u>Sophias multi Services</u>			
3. Principal Office Address <u>515 Smith St</u>			City <u>Providence</u>	State <u>Rhode Island</u>	Zip <u>02908</u>
4. NAICS Code <u>445120</u>		6. Brief description of the character of business conducted in Rhode Island <u>multi service</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name <u>Ismael Salvador</u>			Vice-President Name		
Street Address <u>17 Wingate Rd</u>			Street Address		
City <u>Lincoln</u>	State <u>Rhode Island</u>	Zip <u>02865</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
Changes require an additional filing.		<u>100</u>			<u>0001</u>
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 <u>Ismael Salvador</u>				Date <u>4/9/2025</u>	
Signature of Authorized Representative <u>[Signature]</u>				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

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