



RI SOS Filing Number: 202571108950 Date: 4/21/2025 4:00:00 PM

FILED

Department of State - Business Services Division

Annual Report for the year: 2025

APR 21 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.



BY 7849

1. Entity ID Number 000526272		2. Exact name of the Corporation Innerlight Associates, Inc.	
3. Principal Office Address 850 Aquidneck Avenue		City Middletown	State RI
		Zip 02842	
4. NAICS Code 611519	6. Brief description of the character of business conducted in Rhode Island instruction and certification in yoga and meditation wellness programs		
5. State of Incorporation DE			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Kimberly G. Chandler		Vice-President Name Kimberly G. Chandler	
Street Address 70 Carroll Ave., Unit #101		Street Address 70 Carroll Ave. Unit #101	
City Newport	State RI	Zip 02840	City Newport
			State RI
			Zip 02840
Secretary Name Kimberly G. Chandler		Treasurer Name Kimberly G. Chandler	
Street Address 70 Carroll Ave. Unit #101		Street Address 70 Carroll Ave. Unit #101	
City Newport	State RI	Zip 02840	City Newport
			State RI
			Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES 1500	CLASS/SERIES CNP
		PAR VALUE 0	
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 Kimberly G. Chandler			Date 4/18/25
Signature of Authorized Representative K. Chandler			

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 12/2023