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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001764155	SUNDARA Catalyst Group Co.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Support for multidisciplinary creatives through fiscal sponsorship and retreats, as well as coaching and workbooks.
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
136 Main St. 01	Warren	RI	02885

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

President Name: Vajra Hodges			Vice-President Name: Lavena Lewis		
Street Address: 1038 S Mariposa Ave #502			Street Address: 6146 Eleanor Ave		
City: Los Angeles	State: CA	Zip: 90006	City: Los Angeles	State: CA	Zip: 90038
Secretary Name:			Treasurer Name: Reginald Jamir		
Street Address:			Street Address: 1030 Vernon St.		
City:	State:	Zip:	City: La Habra	State: CA	Zip: 90631

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Vajra Hodges			Director Name: Lavena Lewis		
Street Address: 1038 S Mariposa Ave #502			Street Address: 6146 Eleanor Ave		
City: Los Angeles	State: CA	Zip: 90006	City: Los Angeles	State: CA	Zip: 90038
Director Name: Reginald Jamir			Director Name:		
Street Address: 1030 Vernon St.			Street Address:		
City: La Habra	State: CA	Zip: 90631	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Vajra Hodges	**10/6/25**

Signature of Officer/Authorized Representative: Vajra Hodges

FILED
OCT 8 2025
BY RRXLO
2:47

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 631- Revised: 12/2023