

REC'D RIDG BSD  
24 MAR 22 AM 11:24:41



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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. Entry ID Number <b>1741959</b>		2. Exact name of the Corporation <b>Bethany DiPerrillo Coaching INC.</b>			
3. Principal Office Address <b>60 TOWN DOCK Rd. UNIT C</b>		City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	
4. NAICS Code <b>812199</b>		6. Brief description of the character of business conducted in Rhode Island <b>health coaching services provided to clients</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Bethany DiPerrillo</b>			Vice-President Name		
Street Address <b>60 TOWN DOCK Rd #C</b>			Street Address		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>same as above</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.			CLASS/PERCENTAGE		
Changes require an additional filing.			PAR VALUE		
			<b>0</b>		
			<b>0.01</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. <i>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.</i>					
Name of Authorized Representative <b>Bethany DiPerrillo</b>				Date <b>3/22/24</b>	
Signature of Authorized Representative 					

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

FILED

MAR 22 2024  
BY 04M73  
A.A. 11:25 AM.