



**State of Rhode Island
Department of State - Business Services Division**

STAMP

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000870000		2. Exact name of the Corporation 2023 MAY 30 A 9:47 UVNV, Inc.			
3. Principal Office Address 1550 Scenic Ave., Suite #100			City Costa Mesa	State CA	Zip 92626
4. NAICS Code 517919		6. Brief description of the character of business conducted in Rhode Island Telecommunications			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID GLICKMAN			Vice-President Name		
Street Address 1550 Scenic Ave., Suite #100			Street Address		
City Costa Mesa	State CA	Zip 92626	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 <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		7,965,501	Common	.0100000000	
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 Kamau Sankofa					Date 5/25/2023
Signature of Authorized Representative <i>Kamau Sankofa</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAY 30 2023
BY *13295*
A.A. 9:47 A.M.