



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 580540		2. Exact name of the Corporation Imagination Specilaties, Inc.			
3. Principal office address 230 Great Circle Road, Suite 248			City Nashville	State TN	Zip 37228
4. Business Phone No. 615-255-5688		5. State of Incorporation Tennessee			
6. Brief description of the character of business conducted in Rhode Island Sales of Advertising Specialties					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jan Nathanson			Vice-President Name Michael Nathanson		
Street Address 230 Great Circle Road, Suite 248			Street Address 230 Great Circle Road, Suite 248		
City Nashville	State TN	Zip 37228	City Nashville	State TN	Zip 37228
Secretary Name Rebecca Link			Treasurer Name		
Street Address 230 Great Circle Road, Suite 248			Street Address		
City Nashville	State TN	Zip 37228	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jan Nathanson			Director Name Michael Nathanson		
Street Address 230 Great Circle Road, Suite 248			Street Address 230 Great Circle Road, Suite 248		
City Nashville	State TN	Zip 37228	City Nashville	State TN	Zip 37228
Director Name Rebecca Link			Director Name Christopher Link		
Street Address 230 Great Circle Road, Suite 248			Street Address 230 Great Circle Road, Suite 248		
City Nashville	State TN	Zip 37228	City Nashville	State TN	Zip 37228
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1600	Common	0

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Rebecca D. Link 7/19/13
 Signature of Authorized Representative Date
Rebecca Link
 Print or Type Name of Authorized Representative

FILED

JUL 22 2013

BY 117402