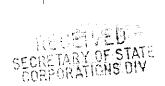


## State of Rhode Island and Providence Plantations Department of State - Business Services Division

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 A	nnual Repo	rt for the year:	$\partial \Omega \Omega$	n a:	16 JUN -2 PM 12: 31
Filling period: January 1 - [	March 1		<del></del>	۷۵	10 Jun -
Filing Fee: \$50.00 *FAILL	JRE TO FILE T	HIS REPORT BY	MARCH 31 WILL R	RESULT IN A \$25.	00 PENALTY FEE
—	2: Exact flame	of the Corporation		Sar de suremanes d	
3. Principal Office Address	Mobil	e Cife ]	Enc.		AND THE STORY OF T
0	-		City and a control of the control of	State	Zip
235 High St.			Bristol	RJ	02809
4. Business Phone Number			5. State of Incorpo	ration	
401 316 7749			RI		A CONTRACTOR OF THE PROPERTY O
6: Brief description of the cha	racter of busines	ss conducted in Rhoc	ie Island		
Digital St	rategy	2 Consult	ing Service	رد اد	The state of the s
7. List ALL officers (names and addresses) President Name			oraniem prakazire, etc. C	heck the box to indi-	cate an attachment
Ethan M Tucker			Vice-President Name	<del>-</del>	
Street Address 235 High St			Street Address		
City	State	Zip	City	State	Zip
Secretary Name		02809			
			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
O 1 3-4 ATT AFFERDAD AFFERDA					,
8. List ALL directors (names a Director Name		Check the box to indicate an attachment			
			Director Name		1 mary No.
Street Address			Street Address		
			Officer Variety		
City	State	Zip	City	State	
			1	State	Zip
9. Shares Authorized 🚕 🥕 🗯	机动弹等温度电影	erighter of the	10. Shares Issued	Check how to indic	ate an attachment
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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1. This renort must be execut	odion heholtofii		A Silono - Y Tamping A Silono - Silono		
1. This report must be execut eceiver or trustee, this report is	must be execute	ie corporation by an	authorized represent	ative. If the corporat	ion is in the hands of a
The state of the s	culare allu allilli	li lilat i nave eyamin	and this rona + in-i.	ver or trustee.	
		ed herein are true ar	nd correct.	ung any accompa	nying schedules and
Name of Authorized Represent	;ative <del></del>		<u> </u>	Date	<i>F</i> 1
Ethan M lucker					
Signature of Authorized Repres	sentative				- 17 / W
	_	SIGN DOCUM	MENT HERE		

FILED

JUN 02 2016

A.H. 12:34P