



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

148 W. River Street, Providence, Rhode Island 02904-2615
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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

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

2016 JUN -2 PM 12:31

1. Entity ID Number		2. Exact name of the Corporation			
788862		Mobile Life Inc.			
3. Principal Office Address		City	State	Zip	
235 High St.		Bristol	RI	02809	
4. Business Phone Number		5. State of Incorporation			
401 316 7749		RI			
6. Brief description of the character of business conducted in Rhode Island					
Digital Strategy & Consulting services					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
Ethan M Tucker					
Street Address		Street Address			
235 High St.					
City	State	Zip	City	State	Zip
Bristol	RI	02809			
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
9. Shares Authorized		10. Shares Issued Check 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	
		0		0.01	
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				Date	
Ethan M Tucker				6/2/16	
Signature of Authorized Representative					
				SIGN DOCUMENT HERE	

FILED

JUN 02 2016

By 275751

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