



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

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RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2014

2016 JUN -2 PM 12:31

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.

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

FILED
 JUN 02 2016
 By 275751
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