



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 00070243		2. Exact name of the Corporation Impact Telecom, Inc.			
3. Principal Office Address 433 E. Las Colinas Blvd., Suite 500			City Irving	State TX	Zip 75039
4. NAICS Code 55 - Management of Companies		6. Brief description of the character of business conducted in Rhode Island Holding Company for Telecommunication Providers			
5. State of Incorporation NV					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Griffin			Vice-President Name		
Street Address 433 E. Las Colinas Blvd., Suite 500			Street Address		
City Irving	State TX	Zip 75039	City	State	Zip
Secretary Name			Treasurer Name Brian McClintock		
Street Address			Street Address 433 E. Las Colinas Blvd., Suite 500		
City	State	Zip	City Irving	State TX	Zip 75039
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles Griffin			Director Name		
Street Address 433 E. Las Colinas Blvd., Suite 500			Street Address		
City Irving	State TX	Zip 75039	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
		20,000,000.00		A	0.00
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 Charles Griffin				Date 3/1/2017	
Signature of Authorized Representative 					

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
MAR 20 2017
 BY 5209102 OS FORM 630 - Revised: 02/2017