




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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>20,000,000.00</td><td>A</td><td>0.00</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	20,000,000.00	A	0.00			
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 520962

OS
FORM 630 - Revised: 02/2017