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SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY -4 PM 12: 15

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

Annual Report for the year: 2018
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	2. Exact name of the Corporation			
001341091	Island consulting Inc			
3. Principal Office Address		City	State	Zip
75 Oxford St Suite 403		Providence	RI	02905
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541 800	Promotional Sales of Telecommunications			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Kimberly Mendoza		Vice-President Name	Kimberly Mendoza	
Street Address	90 Neponset St Apt 812		Street Address	90 Neponset St. Apt 812	
City	Canton	State MA Zip 02021	City	Canton	State MA Zip 02021
Secretary Name	Kimberly Mendoza		Treasurer Name	Kimberly Mendoza	
Street Address	90 Neponset St Apt 812		Street Address	90 Neponset St Apt 812	
City	Canton	State MA Zip 02021	City	Canton	State MA Zip 02071

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Kimberly Mendoza		Director Name		
Street Address	90 Neponset St. Apt 812		Street Address		
City	Canton	State MA Zip 02021	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	CNP	0.0

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
Kimberly Mendoza	5/4/18

Signature of Authorized Representative: Kimberly Mendoza

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2616
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY QBCC24926634

FORM 630 - Revised: 02/2017