




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

Annual Report for the year: 2019
Corporation

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

**FILED
 STAMP**
 JAN 31 2019
 BY 6455
102

1. Entity ID Number 975004		2. Exact name of the Corporation FLUENCY, INC.			
3. Principal Office Address 163 EXCHANGE STREET, SUITE 303			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 541800		6. Brief description of the character of business conducted in Rhode Island MULTICULTURAL MARKETING AND ADVERTISING.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TRACY BARAC			Vice-President Name TRACY BARAC		
Street Address 131 FRUIT HILL AVENUE			Street Address 131 FRUIT HILL AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
Secretary Name TRACY BARAC			Treasurer Name TRACY BARAC		
Street Address 131 FRUIT HILL AVENUE			Street Address 131 FRUIT HILL AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TRACY BARAC			Director Name		
Street Address 131 FRUIT HILL AVENUE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	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
			1,000	CWP	\$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 TRACY BARAC, PRESIDENT				Date 1/28/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	