



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 MAR 14 AM 11:30

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.

1. Entity ID Number 000580540		2. Exact name of the Corporation Imagination Specialties, Inc.			
3. Principal Office Address 623 E. Old Hickory Blvd.			City Old Hickory	State TN	Zip 37138
4. NAICS Code 541890		6. Brief description of the character of business conducted in Rhode Island Sales Office - Promotional Marketing			
5. State of Incorporation Tennessee					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patrick Shedarowich			Vice-President Name		
Street Address 623 E. Old Hickory Blvd.			Street Address		
City Old Hickory	State TN	Zip 37138	City	State	Zip
Secretary Name Erin Shedarowich			Treasurer Name		
Street Address 623 Old Hickory Blvd.			Street Address		
City Old Hickory	State TN	Zip 37138	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Patrick Shedarowich			Director Name Erin Shedarowich		
Street Address 623 E. Old Hickory Blvd.			Street Address 623 E. Old Hickory Blvd.		
City Old Hickory	State TN	Zip 37138	City Old Hickory	State TN	Zip 37138
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		CLASSIFICATION	
		1600		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 Rebecca Link					Date 2/18/19
Signature of Authorized Representative <i>Rebecca Link</i>					

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 FEB 25 2019

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 A.A. 11:32 A.M.