



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

Annual Report for the year: 2020
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
 FEB 20 2020
 113

1. Entity ID Number 000119556		2. Exact name of the Corporation Infinite Prism Inc.			
3. Principal Office Address 55 Masthead Drive, Apt#4			City Warwick	State RI	Zip 02886
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island The management of Fine Art assets and the provision of Marketing and Communication services.			
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 Robert Schattle			Vice-President Name None		
Street Address 55 Masthead Drive, Apt#4			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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	stk	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 Robert Schattle				Date 2/15/2020	
Signature of Authorized Representative SIGNATURE OF AUTHORIZED REPRESENTATIVE					

MAIL TO:
 Division of Business Services
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