



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

MAR 05 2020

145870

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 E. 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												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1600</td> <td></td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1600		0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
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 2/28/20										
Signature of Authorized Representative <i>Rebecca Link</i>				SIGN DOCUMENT HERE										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov