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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

2020 MAR -6 A 11:56 AM

- 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 000560683		2. Exact name of the Corporation ICONIC GROUP, INC.			
3. Principal Office Address 3490 MARTIN HURST ROAD			City TALLAHASSEE	State FL	Zip 32312
4. NAICS Code 541921		6. Brief description of the character of business conducted in Rhode Island Graduation photography			
5. State of Incorporation DE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Robert Myers			Vice-President Name MICHELLE JAGERS		
Street Address 1550 W. Mockingbird Lane			Street Address 1550 W. Mockingbird Lane		
City Dallas	State TX	Zip 75235	City Dallas	State TX	Zip 75235
Secretary Name Joseph Harvey			Treasurer Name		
Street Address 1550 W. Mockingbird Lane			Street Address		
City Dallas	State TX	Zip 75235	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name STEVEN PARR			Director Name ROBERT MYERS		
Street Address 1550 W. Mockingbird Lane			Street Address 1550 W. Mockingbird Lane		
City Dallas	State TX	Zip 75235	City Dallas	State TX	Zip 75235
Director Name MATTHEW WHITE			Director Name SANDEEP ALVA		
Street Address 1550 W. Mockingbird Lane			Street Address 1550 W. Mockingbird Lane		
City Dallas	State TX	Zip 75235	City Dallas	State TX	Zip 75235
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		Common	.00001
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 Jessica Eisele					Date 3/5/2020
Signature of Authorized Representative <i>Jessica Eisele</i>					FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY *Ch B6JJY*
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FORM 630 - Revised: 10/2017

560683

Director Attachment

- Jeffrey Dickson – 1550 W. Mockingbird Lane, Dallas, TX 75235
- Stephen Szejner – 1550 W. Mockingbird Lane, Dallas, TX 75235