



State of Rhode Island

## 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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 SEP 30 AM 9:48

1. Entity ID Number 001335941		2. Exact name of the Corporation Unity Impressions Inc.												
3. Principal Office Address 321 Greenville Road			City North Smithfield	State RI	Zip 02896									
4. NAICS Code 424300		6. Brief description of the character of business conducted in Rhode Island Impressions on different mediums												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Christopher Cavedon			Vice-President Name Same											
Street Address 321 Greenville Road			Street Address											
City North Smithfield	State RI	Zip 02896	City	State	Zip									
Secretary Name Same			Treasurer Name Same											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>20,000,000</td> <td>STK</td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	20,000,000	STK	0.01			
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20,000,000	STK	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 Christopher Cavedon				Date 9-23-2020										
Signature of Authorized Representative <i>Christopher Cavedon</i>				<b>FILED</b> <i>m</i> <b>SEP 30 2020</b> <b>BY</b> <i>Mr H Y F B Q</i> <i>9:51</i>										