



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018

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 9:47

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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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>					

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BY *HYFBQ*
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