

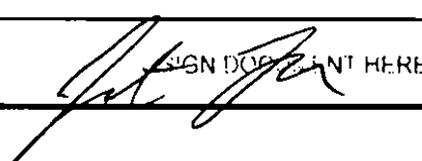


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021
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 10 2021
 10062

1. Entity ID Number 122035		2. Exact name of the Corporation MYSTIC MEDIA, INC.			
3. Principal Office Address 3649 POST ROAD		City WARWICK		State RI	Zip 02886
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A COMPUTER WEBSITE AND RELATED ACTIVITIES INCLUDING PUBLISHING			
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 JONATHAN HOWE			Vice-President Name JONATHAN HOWE		
Street Address 3649 POST ROAD			Street Address 3649 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name JONATHAN HOWE			Treasurer Name JONATHAN HOWE		
Street Address 3549 POST ROAD			Street Address 3649 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JONATHAN HOWE			Director Name		
Street Address 3649 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
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
			1,000		COMMON
			PAR VALUE		NO PAR
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. <i>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.</i>					
Name of Authorized Representative JONATHAN HOWE, PRESIDENT				Date FEB. 4 , 2021	
Signature of Authorized Representative 				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.n.gov