RI SOS Filing Number: 202193499720 Date: 3/1/2021 4:00:00 PM

State of Rhode Island

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 STAMP
MAR 01 2021
BY

1. Entity ID Number	2. Exact name of the Corporation			
000505692	Vrooom Studios, Inc.			
3. Principal Office Address		City	State	Zip
11 LAFAYETTE ROAD		BARRINGTON	02806	
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
541430	PRODUCT, PACKAGING, AND GRAPHICS DESIGN CONSULTING FIRM			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Todd W. Wise			Vice-President Name: Todd W. Wise		
Street Address: 11 Lafayette Road			Street Address: 11 Lafayette Road		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Secretary Name: Todd W. Wise			Treasurer Name: Todd W. Wise		
Street Address: 11 Lafayette Road			Street Address: 11 Lafayette Road		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Todd W. Wise			Director Name		
Street Address: 11 Lafayette Road			Street Address		
City: Barrington	State: RI	Zip: 02806	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	STK	$1.0000

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	Date
Todd W. Wise	2/25/21

Signature of Authorized Representative

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