RI SOS Filing Number: 202104493210 Date: 11/2/2021 10:17:00 AM

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.

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BUS SVCS DIV
2021 NOV -2 AM 10:16

1. Entity ID Number	2. Exact name of the Corporation
001698202	Innovative FinTech, Inc.

3. Principal Office Address	City	State	Zip
225 Dyer Street, 2nd Floor	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541618	Innovative FinTech, Inc. is a management consulting firm that provides support to emerging companies in the InsureTech, FinTech and Aviation Technology spaces.
5. State of Incorporation: Rhode Island	

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

President Name	Street Address	City	State	Zip
John Nicklas	225 Dyer Street, 2nd Floor	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
John Nicklas	225 Dyer Street, 2nd Floor	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
John Nicklas	225 Dyer Street, 2nd Floor	Providence	RI	02903

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

Director Name	Street Address	City	State	Zip
Valentin K. Atanassov	225 Dyer Street, 2nd Floor	Providence	RI	02903

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
John Nicklas	225 Dyer Street, 2nd Floor	Providence	RI	02903

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	250,000	Common Stock	zero

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
John Nicklas	October 7, 2021

Signature of Authorized Representative

FILED
NOV 2 2021
BY 10:17

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

FORM 630 - Revised: 08/2020