

2021 DEC 10 A 9:07



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.

1. Entity ID Number 000974321		2. Exact name of the Corporation Vivona Inc												
3. Principal Office Address 107 Chapin Ave			City Providence	State RI	Zip 02909									
4. NAICS Code 541430		6. Brief description of the character of business conducted in Rhode Island Consulting design services												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒														
President Name Christina M Vivona			Vice-President Name Christina M Vivona											
Street Address 107 Chapin Ave			Street Address 107 Chapin Ave											
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909									
Secretary Name Christina M Vivona			Treasurer Name Christina M Vivona											
Street Address 107 Chapin Ave			Street Address 107 Chapin Ave											
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name None			Director Name None											
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			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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000.00</td> <td>CWP</td> <td>\$1.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000.00	CWP	\$1.0000			
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1,000.00	CWP	\$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 Christina M Vivona					Date November 19, 2021									
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

DEC 10 2021

FORM 630 - Revised: 10/2017

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