



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 02 2022

BY

1. Entity ID Number 1669820		2. Exact name of the Corporation Upthentic Creative, Inc.			
3. Principal Office Address 130 Dexterdaled Road #2			City Providence	State RI	Zip 02906
4. NAICS Code 519130		6. Brief description of the character of business conducted in Rhode Island Graphic design, digital asset creation and website generation for businesses, individuals, and organizations and all lawful ancillary services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeanette Vieira			Vice-President Name Dennis Vieira		
Street Address 130 Dexterdaled Road #2			Street Address 130 Dexterdaled Road #2		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Dennis Vieira			Treasurer Name Jeanette Vieira		
Street Address 130 Dexterdaled Road #2			Street Address 130 Dexterdaled Road #2		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeanette Vieira			Director Name Dennis Vieira		
Street Address 130 Dexterdaled Road #2			Street Address 130 Dexterdaled Road #2		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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		
			PAR VALUE		
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 Jeanette Vieira, President					Date 1/14/2022
Signature of Authorized Representative <i>Jeanette Vieira</i>					<i>1/14/2022</i>

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: 11/2021