RI SOS Filing Number: 202334942140 Date: 5/1/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division all Report for the year: 2022

STAMP

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

RECEIVED

R.I. DEPT. OF STATE CONTRACTOR STATE
BUS SYCS DIV

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number 001738852	Future Proof Collective, Inc.							
3. Principal Office Address 255 Dyer St, 2nd Floor			City Provid	ence	State RI		Zip 02903	
4. NAICS Code 6. Brief description of the character o							0-000	
541511	Building software to help companies and organizations improve their use							
5. State of Incorporation Delaware	of digital tools							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name Denay Mack				Vice-President Name Denay Mack				
Street Address 50 4th St				Street Address 50 4th St				
City Providence	State RI	^{Zip} 02906	City Providence			RI	Zip 02906	
Secretary Name Denay Mack			Treasurer Name Denay Mack					
Street Address 50 4th St			Street Address 50 4th St					
City Providence	State RI	^{Zip} 02906	City Providence			RI	^Z 02906	
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name Denay Mack			Director Name Gabrielle Hibbert					
Street Address 50 4th St			Street Address 11 S Rowland St					
City Providence	State RI	^{Zip} 02906	City Richmond		State	VA	^{Zip} 23220	
Director Name				Director Name				
Street Address				Street Address				
City	State	Zip	City		State		Zip	
9. Shares Authorized	<u> </u>	10. Shares Issue	d d	Check the	box to ind	icate an att	achment 🔲	
This information is currently of recor Department of State.	d in the	NUMBER OF SH	ARES	CLASS/SERII	S	1	PAR VALUE	
Changes require an additional filing.		8,000,000		Common		0.00001		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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 Denay Mack				Date May 1, 2023				
Signature of Authorized Representative FILED								
MAY 0 1 2023								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov BY ML XDVZC

FORM 630- Revised: 04/2023