



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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
FOR
CORPORATE OF STATE
USL CITY

2023 MAY -1 P 2:01

1. Entity ID Number 001738852		2. Exact name of the Corporation Future Proof Collective, Inc.	
3. Principal Office Address 255 Dyer St, 2nd Floor		City Providence	State RI
		Zip 02903	
4. NAICS Code 541511	6. Brief description of the character of business conducted in Rhode Island Building software to help companies and organizations improve their use of digital tools		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Denay Mack		Vice-President Name Denay Mack	
Street Address 50 4th St		Street Address 50 4th St	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Denay Mack		Treasurer Name Denay Mack	
Street Address 50 4th St		Street Address 50 4th St	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Denay Mack		Director Name Gabrielle Hibbert	
Street Address 50 4th St		Street Address 11 S Rowland St	
City Providence	State RI	City Richmond	State VA
Zip 02906		Zip 23220	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		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 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 Denay Mack			Date May 1, 2023
Signature of Authorized Representative 			

FILED

MAY 01 2023

BY **ML XDVZC**

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: 04/2023