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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2023 AUG 10 P 1:04

1. Entity ID Number 001096843		2. Exact name of the Corporation Jive Communications, Inc.			
3. Principal Office Address 2570 W 600 North			City Lindon	State UT	Zip 84042
4. NAICS Code 517919		6. Brief description of the character of business conducted in Rhode Island Interconnected VOIP Service			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Joseph Markey II			Vice-President Name		
Street Address 2570 W 600 North			Street Address		
City Lindon	State UT	Zip 84042	City	State	Zip
Secretary Name Patrick J. Murphy			Treasurer Name John Joseph Markey II		
Street Address 2570 W 600 North			Street Address 2570 W 600 North		
City Lindon	State UT	Zip 84042	City Lindon	State UT	Zip 84042
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Joseph Markey II			Director Name		
Street Address 2570 W 600 North			Street Address		
City Lindon	State UT	Zip 84042	City	State	Zip
Director Name Patrick J. Murphy			Director Name		
Street Address 2570 W 600 North			Street Address		
City Lindon	State UT	Zip 84042	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
		1		common stock	\$0.0001 / share
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 John Joseph Markey II				Date 7/12/2023	
Signature of Authorized Representative		DocuSigned by: 2C7E4801E5C49C			

FILED

MAIL TO:

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

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BY ML WF 25H
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FORM 630- Revised: 04/2023