State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 16 2024
BY: 02137

1. Entity ID Number	2. Exact name of the Corporation			
419517	IMAGINATION ENGINE, INC.			
3. Principal Office Address		City	State	Zip
65 WATERS EDGE		TIVERTON	RI	02878
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541810	MARKETING AND ADVERTISING CONSULTANT			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: CHARLES H. KANE			Vice-President Name:		
Street Address: 65 WATERS EDGE			Street Address:		
City: TIVERTON	State: RI	Zip: 02878	City:	State:	Zip:
Secretary Name: CHARLES H. KANE			Treasurer Name: CHARLES H. KANE		
Street Address: 65 WATERS EDGE			Street Address: 65 WATERS EDGE		
City: TIVERTON	State: RI	Zip: 02878	City: TIVERTON	State: RI	Zip: 02878

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: CHARLES H. KANE			Director Name: N/A		
Street Address: 65 WATERS EDGE			Street Address:		
City: TIVERTON	State: RI	Zip: 02878	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	COMMON	NO PAR

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	Date
CHARLES H. KANE, PRESIDENT	2/12/2024

Signature of Authorized Representative: Charles H Kane

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