



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.

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1. Entity ID Number 001731780		2. Exact name of the Corporation UNCOVr media, inc.			
3. Principal Office Address 36 south 18th avenue, suite D			City Brighton		Zip 80601
4. NAICS Code 541830		6. Brief description of the character of business conducted in Rhode Island Advertising Agency. We work with small businesses and buy radio, TV and other media.			
5. State of Incorporation CO					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Louis Michael LaBella			Vice-President Name		
Street Address 22 miles Ave			Street Address		
City East Providence	State ri	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			25000		
			CLASS/SERIES		PAR VALUE
			cwp		\$1.00
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. <b>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.</b>					
Name of Authorized Representative Louis Michael LaBella				Date 3/12/24	
Signature of Authorized Representative 				MAR 14 2024 6SW9F	

MAIL TO:  
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