



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

Corporation _____

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

REC'D RHODES BLDG
24 MAR 14 PM 2:15:26

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	State CO	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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
			25000		cwp
			PAR VALUE		\$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. 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 Louis Michael LaBella					Date 3/12/24
Signature of Authorized Representative 					MAR 14 2024

FILED 2/7
BY GSugr