



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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 BSD
 24 DEC 6 PM 3:16:49

1. Entity ID Number 658783		2. Exact name of the Corporation ITALK MOBILE CORPORATION			
3. Principal Office Address 1120 S CAPITAL OF TX HWY, BLDG 3, STE 110			City AUSTIN	State TX	Zip 78746
4. NAICS Code 517911		6. Brief description of the character of business conducted in Rhode Island ONLINE RESELLER OF MOBILE CELLULAR SERVICES			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JIE ZHAO			Vice-President Name WILLIAM BURGE		
Street Address 1600 TYSONS BLVD STE 750			Street Address 1120 S CAPITAL OF TX HWY, BLDG 3, STE 110		
City MCLEAN	State VA	Zip 22102	City AUSTIN	State TX	Zip 78746
Secretary Name WILLIAM BURGE			Treasurer Name WILLIAM BURGE		
Street Address 1120 S CAPITAL OF T HWY, BLDG 3, STE 110			Street Address 1120 S CAPITAL OF TX HWY, BLDG 3, STE 110		
City AUSTIN	State TX	Zip 78746	City AUSTIN	State TX	Zip 78746
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JIE ZHAO			Director Name		
Street Address 1600 TYSONS BLVD STE 750			Street Address		
City MCLEAN	State VA	Zip 22102	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	PAR VALUE
		1000			0.00
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 WILLIAM BURGE VP				Date 11/25/2024	
Signature of Authorized Representative <i>[Handwritten Signature]</i>				Date 11/25/2024	

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 XPIRK CBP
 FORM 630- Revised 12/2023