



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.

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24 DEC 6 PM 3:16:43

1. Entity ID Number <b>658783</b>	2. Exact name of the Corporation <b>ITALK MOBILE CORPORATION</b>
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3. Principal Office Address <b>1120 S CAPITAL OF TX HWY, BLDG 3, STE 110</b>	City <b>AUSTIN</b>	State <b>TX</b>	Zip <b>78746</b>
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4. NAICS Code <b>517911</b>	6. Brief description of the character of business conducted in Rhode Island <b>ONLINE RESELLER OF MOBILE CELLULAR SERVICES</b>
5. State of Incorporation <b>DELAWARE</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JIE ZHAO</b>			Vice-President Name <b>WILLIAM BURGE</b>		
Street Address <b>1600 TYSONS BLVD STE 750</b>			Street Address <b>1120 S CAPITAL OF TX HWY, BLDG 3, STE 110</b>		
City <b>MCLEAN</b>	State <b>VA</b>	Zip <b>22102</b>	City <b>AUSTIN</b>	State <b>TX</b>	Zip <b>78746</b>
Secretary Name <b>WILLIAM BURGE</b>			Treasurer Name <b>WILLIAM BURGE</b>		
Street Address <b>1120 S CAPITAL OF T HWY, BLDG 3, STE 110</b>			Street Address <b>1120 S CAPITAL OF TX HWY, BLDG 3, STE 110</b>		
City <b>AUSTIN</b>	State <b>TX</b>	Zip <b>78746</b>	City <b>AUSTIN</b>	State <b>TX</b>	Zip <b>78746</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JIE ZHAO</b>			Director Name		
Street Address <b>1600 TYSONS BLVD STE 750</b>			Street Address		
City <b>MCLEAN</b>	State <b>VA</b>	Zip <b>22102</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued	Check the box to indicate an attachment <input type="checkbox"/>	
	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 <b>WILLIAM BURGE VP</b>	Date <b>11/25/2024</b>
Signature of Authorized Representative <i>William Burge VP</i>	

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   
FORM 630- Revised 12/2023