



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

STAMP
JAN 21 2025
BY 1269

1. Entity ID Number 000975004		2. Exact name of the Corporation FLUENCY, INC.			
3. Principal Office Address 131 FRUIT HILL AVENUE		City N. PROVIDENCE		State RI	Zip 02911
4. NAICS Code 541800		6. Brief description of the character of business conducted in Rhode Island MULTICULTURAL MARKETING AND ADVERTISING.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TRACY BARAC			Vice-President Name TRACY BARAC		
Street Address 131 FRUIT HILL AVENUE			Street Address 131 FRUIT HILL AVENUE		
City N. PROVIDENCE	State RI	Zip 02911	City N. PROVIDENCE	State RI	Zip 02911
Secretary Name TRACY BARAC			Treasurer Name TRACY BARAC		
Street Address 131 FRUIT HILL AVENUE			Street Address 131 FRUIT HILL AVENUE		
City N. PROVIDENCE	State RI	Zip 02911	City N. PROVIDENCE	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TRACY BARAC			Director Name		
Street Address 131 FRUIT HILL AVENUE			Street Address		
City N. PROVIDENCE	State RI	Zip 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	CWP	\$0.01
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 TRACY BARAC, PRESIDENT				Date JANUARY 10, 2025	
Signature of Authorized Representative 					

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