

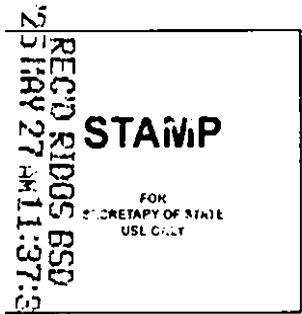


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

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



1. Entity ID Number 001672174		2. Exact name of the Corporation Dinova, Inc.			
3. Principal Office Address 3340 Peachtree Road NE STE 1965			City Atlanta	State GA	Zip 30326
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island Restaurant marketing			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Alison Quinn			Vice-President Name NONE		
Street Address 3340 Peachtree Road NE STE 1965			Street Address 3340 Peachtree Road NE STE 1965		
City Atlanta	State GA	Zip 30326	City Atlanta	State GA	Zip 30326
Secretary Name Christine Hampton			Treasurer Name Jeffrey Sperber		
Street Address 3340 Peachtree Road NE STE 1965			Street Address 340 Peachtree Road NE STE 1965		
City Atlanta	State GA	Zip 30326	City Atlanta	State GA	Zip 30326
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
Changes require an additional filing.		NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE .0001000000	
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 Christine Hampton					Date 5/20/2025
Signature of Authorized Representative <i>Christine Hampton</i>					FILED MAY 27 2025 BY 9WF 1139 19

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov