RI SOS Filing Number: 202576509400 Date: 7/1/2025 12:33:00 PM

State of Rhode Island Department of State - Business Services Division					REC'D	Sī/	
Annual Report for the year: 2025							
Corporation ————————————————————————————————————						tide File MARY (1) - Alf U - O'C M	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00					258	,	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					88		
1. Entity ID Number 2. Exact name of the Corporation \Box							
23362 Interpublic, Inc.							
3. Principal Office Address C					State	Zıp	
909 Third Avenue	venue			ork	NY	10022	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island					•	
541810	Advertising Services						
5. State of Incorporation	r to to those of those						
NJ							
7. List ALL officers (names and add	resses)		_		e box to indic	ate an attachment 🗆	
President Name Robert Dobson			Vice-President Name John Gilliam				
Street Address 909 Third Avenue			Street Address 1919 Aksarben Drive				
City New York	State NY	^{Zip} 10022	Omaha State NE Zip 68106			NE 68106_	
Secretary Name Robert Dobson			Treasurer Name Alex Nisita				
Street Address 909 Third Avenue			Street Address 909 Third Avenue				
City New York	State NY	^{Zip} 10022	City New	v York	State	IY ^{Zip} 10022	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Robert Dobson			Director Name				
Street Address 909 Third Avenue			Street Address				
City New York	State NY	^{Zip} 10022	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized 10. Shares Issue							
This information is currently of recor Department of State.	d in the	NUMBER OF S	HARES	CLASS/SE		PAR VALUE	
Changes require an additional filing.		10		Common		NPV	
11 This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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			FILED		Date		
Robert Dobson					06-30-2025		
Signature of Authorized Representative							
JUL 0 1 2025							
MAIL TO: Division of Business Services			BY	X -11			
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 FORM 630, Revised, 04/2023							

Website: www.sos.ri.gov