State of Rhode Department Annual Report for the y Corporation Filing period: Febru	ess Services	s Division		S REC'D RIDOS BSD 25 JUL 1 PM12:28:2			
→ Filing Fee: \$50.00					.285 226		
→ Penalty: Additional \$							
1. Entity ID Number 23362		of the Corporation	വ				
	Interpub	rpublic, Inc.					
3. Principal Office Address			City		State	Zip	
909 Third Avenue			New York		NY	10022	
4. NAICS Code	ode 6. Brief description of the character of busine				de Island		
Advertising Services							
5. State of Incorporation	7.00001(15)11	9 00111000					
NJ							
7. List ALL officers (names	and addresses)			Check the	e box to indicate an	attachment [
President Name Robert D	Vice-President Name John Gilliam						
			Ctro at Arda				
Street Address 909 Third Avenue			Street Address 1919 Aksarben Drive				
City New York	State NY	Zip 40022	City		State	Zip	
	INT	10022	1	naha	NE NE	68106	
Secretary Name Robert D	obson (Treasurer	Alex Nisita			
Street Address QOQ Third	Δναρμα		Street Add	dress 909 Third A	······································		
909 Third Avenue		To:				T7in	
New York	State NY	Zip 10022 City Ne		w York	State NY	Zip 10022	
8. List ALL directors (name:	s and addresses)			Check th	e box to indicate an	attachment [
Director Name Robert Do	obson		Director N	lame			
			Street Address				
Street Address 909 Third	Avenue		0110017100	3.003			
City New York	State NY	^{Zip} 10022	City		State	Zip	
Director Name		1,0022	Director Name		l		
Director Hante			Director Marile				
Street Address			Street Address				
City	State	Zip	City		State Zip		
Ony	Otate	اعا			Siere	المرابع	
9. Shares Authorized	<u> </u>	10. Shares Iss			ne box to indicate ar		
This information is currently of record in the Department of State.			NUMBER OF SHARES		ERIES	PAR VALUE	
·		10	10		NPV	NPV	
Changes require an addition	al filing.						
11 This report must be exe	cuted on behalf of the	Corporation by an a	uthorized re	Toresentative If the co	progration is in the h	ands of a re-	
ceiver or trustee, this repor							
	1 1 1 1 100 11	Lake the same and		4 1 1 12		4 1	

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. FILED Name of Authorized Representative Date

FILED

06-30-2025

Signature of Authorized Representative

JUL 0 1 2025

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Robert Dobson