



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 FEB 28 PM 3:14

**Annual Report for the year:** 2019  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>66462</b>		2. Exact name of the Corporation <b>LIIMAGE AMERICA, Corp.</b>	
3. Principal Office Address <b>320 THOMAS ST SUITE 984 NEWPORT</b>		City <b>NEWPORT</b>	State <b>RI</b>
		Zip <b>02840</b>	
4. NAICS Code <b>423910</b>	6. Brief description of the character of business conducted in Rhode Island <b>IND. MANUFACTURER'S REP.</b>		
5. State of Incorporation <b>RI</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>WALTER BOLCON</b>		Vice-President Name <b>SAMIE</b>	
Street Address <b>320 THOMAS ST SUITE 984</b>		Street Address	
City <b>NEWPORT</b>	State <b>RI</b>	City	State
	Zip <b>02840</b>		Zip
Secretary Name <b>SAMIE</b>		Treasurer Name <b>SAMIE</b>	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
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>WALTER BOLCON</b>		Director Name <b>NONE</b>	
Street Address <b>320 THOMAS ST SUITE 984</b>		Street Address	
City <b>NEWPORT</b>	State <b>RI</b>	City	State
	Zip <b>02840</b>		Zip
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON NO PAR VALUE</b>
			PAR VALUE
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.			
<b>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.</b>			
Name of Authorized Representative <b>WALTER BOLCON</b>			Date <b>2/27/19</b>
Signature of Authorized Representative <i>W. Bolcon, Pres.</i>			<b>FILED</b>

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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