



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

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Annual Report for the year: **2017**

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 000148888 | | 2. Exact name of the Corporation Amazon Payments, Inc. | | | |
| 3. Principal Office Address 410 Terry Ave. North | | | City Seattle | State WA | Zip 98109 |
| 4. NAICS Code 81 - Other Services (except Pul | | 6. Brief description of the character of business conducted in Rhode Island Payment Processing and Other Web Services | | | |
| 5. State of Incorporation Delaware | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| President Name See Schedule 1 | | | Vice-President Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| Director Name See Schedule 1 | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued 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. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 1,000.00 | | 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 Jeffrey Van Hove | | | | Date 01/19/17 | |
| Signature of Authorized Representative | | | | SIGN DOCUMENT FILED | |

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

JAN 27 2017

BY Ch 214319

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SCHEDULE 1

Amazon Payments, Inc. Directors + Officers (as of 2017-01-11)

| Name | Title | Address | Date Elected |
|-------------------|--|---------------------------------------|---------------------|
| Anastasia Raissis | Assistant Secretary and Compliance Officer | 410 Terry Avenue N, Seattle, WA 98109 | 10/6/2014 |
| Thomas Taylor | President | 410 Terry Avenue N, Seattle, WA 98109 | 7/26/2012 |
| Dave Rockett | Vice President | 410 Terry Avenue N, Seattle, WA 98109 | 10/7/2016 |
| Kevin Gasper | Vice President, Secretary & Treasurer | 410 Terry Avenue N, Seattle, WA 98109 | 10/8/2014 |
| Patrick Gauthier | Vice President | 410 Terry Avenue N, Seattle, WA 98109 | 4/21/2015 |
| Jeffrey Van Hove | Assistant Secretary | 410 Terry Avenue N, Seattle, WA 98109 | 4/21/2015 |
| Dave Rockett | Director | 410 Terry Avenue N, Seattle, WA 98109 | 10/7/2016 |
| Patrick Gauthier | Director | 410 Terry Avenue N, Seattle, WA 98109 | 4/21/2015 |
| Thomas Taylor | Director | 410 Terry Avenue N, Seattle, WA 98109 | 7/25/2012 |