



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 <b>000971967</b>		2. Exact name of the Corporation <b>DoubleDutch, Inc.</b>		
3. Principal Office Address <b>350 Rhode Island St, #375</b>		City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94103</b>
4. NAICS Code <b>51 - Information</b>	6. Brief description of the character of business conducted in Rhode Island <b>Mobile apps for Marketing</b>			
5. State of Incorporation <b>DE</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>Lawrence Coburn</b>		Vice-President Name <b>None</b>		
Street Address <b>350 Rhode Island St, #375</b>		Street Address		
City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94103</b>	City	State
Secretary Name <b>None</b>		Treasurer Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
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>Edward Oberwager</b>		Director Name <b>Kristina Shen</b>		
Street Address <b>9 W. 57th St, #4200</b>		Street Address <b>535 Middlefield Rd Suite 245</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10019</b>	City <b>Menlo Park</b>	State <b>CA</b>
Director Name <b>Colin Greenspon</b>		Director Name <b>Mike Maples</b>		
Street Address <b>1 Letterman Drive, A-4900</b>		Street Address <b>820 Ramona St</b>		
City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94129</b>	City <b>Palo Alto</b>	State <b>CA</b>
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<b>1,084,625</b>	<b>Common</b>	<b>\$0.001</b>
		<b>19,035,518</b>	<b>Preferred</b>	<b>\$0.001</b>
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 <b>Brad Roberts</b>			Date <b>03/06/2017</b>	
Signature of Authorized Representative <i>Brad Roberts</i>				

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

FILED

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BY

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