



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 000971967		2. Exact name of the Corporation DoubleDutch, Inc.			
3. Principal Office Address 350 Rhode Island St, #375			City San Francisco	State CA	Zip 94103
4. NAICS Code 51 - Information		6. Brief description of the character of business conducted in Rhode Island Mobile apps for Marketing			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lawrence Coburn			Vice-President Name None		
Street Address 350 Rhode Island St, #375			Street Address		
City San Francisco	State CA	Zip 94103	City	State	
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward Oberwager			Director Name Kristina Shen		
Street Address 9 W. 57th St, #4200			Street Address 535 Middlefield Rd Suite 245		
City New York	State NY	Zip 10019	City Menlo Park	State CA	Zip 94025
Director Name Colin Greenspon			Director Name Mike Maples		
Street Address 1 Letterman Drive, A-4900			Street Address 820 Ramona St		
City San Francisco	State CA	Zip 94129	City Palo Alto	State CA	Zip 94301
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
		1,084,625		Common	\$0.001
		19,035,518		Preferred	\$0.001
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 Brad Roberts					Date 03/06/2017
Signature of Authorized Representative 					

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 BUS SVCS DIV
 2017 MAR 13 AM 11:11

FILED

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

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 BY *90298172* FORM 630 - Revised: 02/2017