RI SOS Filing Number: 201737968290 Date: 3/13/2017 11:19:00 AM

State of Rhode Island ar Department of St			ivision		_		
Annual Report for the ye	ear: 2016						
Corporation → Filing period: January 1 - I → Filing Fee: \$50.00 → Penalty: Additional \$25.00		iled by April 1.	•				
1. Entity ID Number	2. Exact name of	of the Corporation					
000971967	DoubleDutch,	DoubleDutch, Inc.					
3. Principal Office Address					State	Zip	
350 Rhode Island St, #375			San Francis	SCO	CA	94103	
4. NAICS Code			r of business o	conducted in Rhode Is	land		
51 - Information 5. State of Incorporation DE	Mobile apps for Marketing						
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Lawrence Coburn			Vice-President Name None				
Street Address 350 Rhode Island St, #375			Street Address		AR CORRECTION		
^{City} San Francisco	State CA	^{Zip} 94103	City		State	ず いご言	
Secretary Name			Treasurer Name				
Street Address			Street Address :: E				
City	State	Zip	City		State	2%	
8. List ALL directors (names and a	ddresses)		<u> </u>	Check t	he box to i	ndicate an attachment	
Director Name Edward Oberwager Director Name Kristina							
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 Mike Maples				
Street Address 1 Letterman Drive,	Street Address 820 Ramona St						
City San Francisco	State CA	^{Zip} 94129	City Palo Alt	•	State CA	^{Zip} 94301	
9. Shares Authorized	ad in the	10. Shares Issue		Check to CLASS/SERIES	ne box to i	ndicate an attachment	
This information is currently of record in the Department of State.		1,218,261		Common	\$0.001		
Changes require an additional filing.		19,295,564		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 Represent	1-10	A.	FIL				
		Fol)	1	V		-	

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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