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

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SECRETARY OF STATE
CORPORATIONS DIV.
2018 MAR 14 PM 3:53
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Annual Report for the year: 2018

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	2. Exact name of the Corporation		
534270	Mobiquity Velocity Solutions, Inc.		
3. Principal Office Address: 51 Sawyer Rd Ste 410	City: Waltham	State: MA	Zip: 02453
4. NAICS Code: 541690	6. Brief description of the character of business conducted in Rhode Island: Consulting services related to Mobile Applications		
5. State of Incorporation: Delaware			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John Castleman			Vice-President Name:		
Street Address: 51 Sawyer Rd Ste 410			Street Address:		
City: Waltham	State: MA	Zip: 02453	City:	State:	Zip:
Secretary Name: Richard Dionne			Treasurer Name: Thomas Sheehan		
Street Address: 51 Sawyer Rd Ste 410			Street Address: 51 Sawyer Rd Ste 410		
City: Waltham	State: MA	Zip: 02453	City: Waltham	State: MA	Zip: 02453

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Michael Donahue			Director Name: Michael Diplano		
Street Address: 51 Sawyer Rd Ste 410			Street Address: 51 Sawyer Rd Ste 410		
City: Waltham	State: MA	Zip: 02453	City: Waltham	State: MA	Zip: 02453
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
83,000,000.00	A	.0001
126,500,000.00	C	.0001

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: Thomas Sheehan

Date: 03/14/2018

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
MAR 15 2018
BY 326597

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

FORM 630 - Revised: 10/2017