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2019 OCT -9 P 12: 21



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2019 OCT -7 P 11:14

1. Entity ID Number 001688802		2. Exact name of the Corporation NEUTRON HOLDINGS, INC.				
3. Principal Office Address 85 2ND STREET, FLOOR 1			City SAN FRANCISCO	State CA	Zip 94105	
4. NAICS Code 532284		6. Brief description of the character of business conducted in Rhode Island SHORT-TERM, DOCKLESS, E-SCOOTER TRANSPORTATION SERVICES				
5. State of Incorporation DEL						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name TED TOBIASON, CFO			Vice-President Name SCOTT CLARK, CONTROLLER			
Street Address 85 2ND STREET, FLOOR 1			Street Address 85 2ND STREET, FLOOR 1			
City SAN FRANCISCO	State CA	Zip 94105	City SAN FRANCISCO	State CA	Zip 94105	
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 type="checkbox"/>						
Director Name ZHOUJIA BAO, CEO			Director Name WEIYAO SUN, CO-FOUNDER			
Street Address 85 2ND STREET, FLOOR 1			Street Address 85 2ND STREET, FLOOR 1			
City SAN FRANCISCO	State CA	Zip 94105	City SAN FRANCISCO	State CA	Zip 94105	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>						
P This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		10,886,970,000	Common, A-D		\$0.00	
		7,040,268,848	Preferred, A-D		\$0.00	
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 SCOTT CLARK, CONTROLLER				Date 12 SEPT. 2019		
Signature of Authorized Representative 						

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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FORM 630 - Revised: 10/2017

BVA ZFF 82