



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2019 2020
 Corporation

2020 MAR 16 A 10:14

- 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 001694771		2. Exact name of the Corporation Flexa Network Inc.			
3. Principal Office Address 79 MADISON AVENUE			City NEW YORK	State NY	Zip 10016
4. NAICS Code 522320		6. Brief description of the character of business conducted in Rhode Island Flexa has developed a payments network enabling consumers to spend cryptocurrency with merchants			
5. State of Incorporation DE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Daniel C. McCabe			Treasurer Name		
Street Address 79 Madison Avenue			Street Address		
City New York	State NY	Zip 10016	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Trevor Filter			Director Name Tyler Spalding		
Street Address 79 Madison Avenue			Street Address 79 Madison Avenue		
City New York	State NY	Zip 10016	City New York	State NY	Zip 10016
Director Name Daniel C. McCabe			Director Name Zachary Kilgore		
Street Address 79 Madison Avenue			Street Address 79 Madison Avenue		
City New York	State NY	Zip 10016	City New York	State NY	Zip 10016
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000,000		common stock	\$0.0001
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 Brian Stoeckert					Date 3/11/2020
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
 MAR 16 2020
 BY BTGCE1