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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
2021 JAN 19 PM 12:20

Annual Report for the year: 2021

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
1700148	Paxful USA, Inc.

3. Principal Office Address	City	State	Zip
44 W 28th Street, 5th Floor	New York	NY	10001

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
525990	Money transmission
5. State of Incorporation: DE	

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

President Name	Street Address	City	State	Zip
Mohamed Youssef	44 W 28th Street, 5th Floor	New York	NY	10001

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Andrew Yeung	44 W 28th Street, 5th Floor	New York	NY	10001

Treasurer Name	Street Address	City	State	Zip

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

Director Name	Street Address	City	State	Zip
Mohamed Youssef	44 W 28th Street, 5th Floor	New York	NY	10001
Director Name	Street Address	City	State	Zip
Artur Schaback	44 W 28th Street, 5th Floor	New York	NY	10001
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000,000	Common	.00001

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	Date
Andrew Yeung	1/15/2021

Signature of Authorized Representative

SIGN DocuSigned by: Andrew Yeung 212397550E3D465

FILED
JAN 19 2021
12:20
BY

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