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 FEB -1 PM 1:20

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			
001684611	CLICKFOX, INC.			
3. Principal Office Address		City	State	Zip
5575 DTC PKWY, SUITE 300		GREENWOOD VILLAGE	COLORADO	80111
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541519	PROFESSIONAL, SCIENTIFIC & TECHNICAL SERVICES			
5. State of Incorporation				
DELAWARE				

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

President Name			Vice-President Name		
MIKE TORTO					
Street Address			Street Address		
5575 DTC PKWY, SUITE 300					
City / State / Zip			City / State / Zip		
GREENWOOD VILLAGE	CO	80111			
Secretary Name			Treasurer Name		
TIM DAHLTORP					
Street Address			Street Address		
5575 DTC PKWY, SUITE 300					
City / State / Zip			City / State / Zip		
GREENWOOD VILLAGE	CO	80111			

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

Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		
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
1,000	common	$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	Date
TIM DAHLTORP	01/29/2021

Signature of Authorized Representative

SIGN DOCUMENT HERE

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
FEB 01 2021

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FORM 630 - Revised: 10/2017