



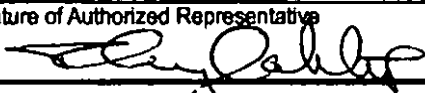
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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 001684611		2. Exact name of the Corporation CLICKFOX, INC.			
3. Principal Office Address 5575 DTC PKWY, SUITE 300			City GREENWOOD VILLAGE	State COLORADO	Zip 80111
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island 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 MIKE TORTO			Vice-President Name		
Street Address 5575 DTC PKWY, SUITE 300			Street Address		
City GREENWOOD VILLAGE	State CO	Zip 80111	City	State	Zip
Secretary Name TIM DAHLTORP			Treasurer Name		
Street Address 5575 DTC PKWY, SUITE 300			Street Address		
City GREENWOOD VILLAGE	State CO	Zip 80111	City	State	Zip
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
			1,000		common
					PAR VALUE
					\$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 TIM DAHLTORP					Date 01/29/2021
Signature of Authorized Representative 					

PRINT 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

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FORM 630 - Revised: 10/2017