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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2019
Limited Liability Company	

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by December 1.

	STA NO
R.I. DEPT. OF STATE BUS SYCS DIV	

2021 FEB 11 P 1: 07

1. Entity ID Number	2. Exact name of the Limited Liability Company					
001666162	MetaSource, LLC					
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island				
518210	Data processing and hosting services					
5. State of Formation	_					
Delaware						
6. Principal Office Address			City	State	Zıp	
67 West 13490 South, Suite 300			Draper	UT	84020	
7. Mailing Address of Limited L	iability Compa	ny and Name or	Title of Contact Person	·		
Contact Name Mark Ridder			Contact Title Associate	Contact Title Associate Vice President, General Counsel		
Street Address 67 West 13490 South, Suite 300			City Draper	State UT	Zip 84020	
8. List ALL managers (names	and addresses	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST I	MEMBERS	
Manager Name Man			Manager Name	Manager Name		
Street Address		Street Address	Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	l .			Check the box to i	ndicate an attachment	
9. The Resident Agent informa	ition currently	of record with the	e RI Department of State is a	ccurate. Changes require	e filing Form 642	
Under penalty of perjury, I d statements, and that all stat				ding any accompanyin	g schedules and	
Name of Authorized Person			Date			
Mark Ridder			12/30/202	0 9:11 AM PST		
Signature of Authorized Perso	n			<u> </u>		
— on sever Hank Ridder						
C State Company						

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 632 - Revised: 08/2020