



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** Amended 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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 MAY 19 P 1:01

1. Entity ID Number 001714703		2. Exact name of the Corporation Coinme Inc.			
3. Principal Office Address 113 Cherry Street Suite 77544			City SEATTLE	State WA	Zip 98104
4. NAICS Code 523210		6. Brief description of the character of business conducted in Rhode Island Buying and selling digital currency			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment * <input type="checkbox"/></span>					
President Name Neil Bergquist			Vice-President Name		
Street Address 113 Cherry Street Suite 77544			Street Address		
City SEATTLE	State WA	Zip 98104	City	State	Zip
Secretary Name			Treasurer Name Christopher Roling		
Street Address			Street Address 113 Cherry Street Suite 77544		
City	State	Zip	City SEATTLE	State WA	Zip 98104
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment * <input type="checkbox"/></span>					
Director Name Neil Bergquist			Director Name Joseph Krug		
Street Address 113 Cherry Street Suite 77544			Street Address 113 Cherry Street Suite 77544		
City SEATTLE	State WA	Zip 98104	City SEATTLE	State WA	Zip 98104
Director Name Christopher Nevan			Director Name Yu Nu Sun		
Street Address 113 Cherry Street Suite 77544			Street Address 113 Cherry Street Suite 77544		
City SEATTLE	State WA	Zip 98104	City SEATTLE	State WA	Zip 98104
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		N/A			
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.					
<b>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.</b>					
Name of Authorized Representative Neil Bergquist					Date 5/11/2021
Signature of Authorized Representative Neil W. Bergquist		Digitally signed by Neil W Bergquist Date: 2021.05.11 17:53:34 -0500			

**FILED**

MAY 19 2021

BY CA 1:01

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

1714703

## Officer and Director Attachment

### Officers

- Neil Bergquist, CEO - 113 Cherry Street Suite 77544, SEATTLE, WA 98104
- Louis Edward Ponce, Jr., CCO - 113 Cherry Street Suite 77544, SEATTLE, WA 98104
- Christopher Roling, CFO - 113 Cherry Street Suite 77544, SEATTLE, WA 98104

### Directors

- Robert Wiltbank - 113 Cherry Street Suite 77544, SEATTLE, WA 98104



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 19, 2021 01:01 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

