RI SOS Filing Number: 202198338150 Date: 6/16/2021 12:50:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

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
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BUS. SVCS. DIV
2021 JUN 16 P 12:49

1 Entity ID Number	2. Exact name of the Corporation		
000795652	Mobiquity Inc		
3. Principal Office Address	City	State	Zip
51 Sawyer Rd Ste 410	Waltham	MA	02453
4. NAICS Code: 541690	6 Brief description of the character of business conducted in Rhode Island: Consulting services related to mobile applications		
5. State of Incorporation: Delaware			

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

President Name	Street Address	City	State	Zip
Andrew Norman	51 Sawyer Rd Ste 410	Waltham	MA	02453

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Richard Dionne	51 Sawyer Rd Ste 410	Waltham	MA	02453

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
John Castleman	51 Sawyer Rd Ste 410	Waltham	MA	02453

Director Name	Street Address	City	State	Zip

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(ES)	PAR VALUE
10,000	Common	0.001

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 Norman	06/08/21

Signature of Authorized Representative: A Norman

FILED
JUN 16 2021
BY TCXEF 12:50

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: 08/2020