



State of Rhode Island
Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 JUN 28 PM 2:37

1. Entity ID Number 001698140		2. Exact name of the Corporation Payzoo, Inc.				
3. Principal Office Address 808 Wilshire Blvd, Suite 350			City Santa Monica	State CA	Zip 90401	
4. NAICS Code 522320		6. Brief description of the character of business conducted in Rhode Island Payzoo enables customers and merchants to pay, send money and accept payments online.				
5. State of Incorporation WY						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name William Quigley			Vice-President Name			
Street Address 808 Wilshire Blvd, Suite 350			Street Address			
City Santa Monica	State CA	Zip 90401	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name William Quigley			Director Name			
Street Address 808 Wilshire Blvd, Suite 350			Street Address			
City Santa Monica	State CA	Zip 90401	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 <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		1000		CWP	1.00	
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 William Quigley					Date 6/24/21	
Signature of Authorized Representative 					FILED	

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: 08/2020