



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2017
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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BUS SVCS DIV

2021 JUN 29 A 11:23

1. Entity ID Number 000487863		2. Exact name of the Corporation RxVantage, Inc.			
3. Principal Office Address 1500 Rosecrans, #500			City Manhattan Beach	State CA	Zip 90266
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island Software Development and Sales				
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Daniel Gilman			Vice-President Name		
Street Address 409 2nd Street			Street Address		
City Hermosa Beach	State CA	Zip 90254	City	State	Zip
Secretary Name Daniel Gilman			Treasurer Name		
Street Address 409 2nd Street			Street Address		
City Hermosa Beach	State CA	Zip 90254	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☒					
Director Name William Kleinfelter			Director Name Noah Doyle		
Street Address 10088 Idle Pine Lane			Street Address 5618 La Salle Avenue		
City Bonita Springs	State FL	Zip 34135	City Oakland	State CA	Zip 94611
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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/SERIES	PAR VALUE
			5,127,500	Common	\$0.001
			5,275,174	Series A	\$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 Daniel Gilman					Date 6/17/2021
Signature of Authorized Representative 					

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

JUN 29 2021

BY CKWTC
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FORM 630 - Revised: 08/2020