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	2. Exact name of the Corporation			
000487863	RxVantage, Inc.			
3. Principal Office Address		City	State	Zip
1500 Rosecrans, #500		Manhattan Beach	CA	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 — **10. Shares Issued** — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

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	Date
Daniel Gilman	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 CM2KWTC
11:27

FORM 630 - Revised: 08/2020