



State of Rhode Island

Department of State - Business Services Division

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2021 JUL 15 AM 9:25

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.

1. Entity ID Number 000133905		2. Exact name of the Corporation PIVOTAL PAYEMTNS, INC.			
3. Principal Office Address 1375 N Scottsdale Rd Suite 400		City Scottsdale		State AZ	Zip 85257
4. NAICS Code 999999	6. Brief description of the character of business conducted in Rhode Island CREDIT AND DEBIT CARD PROCESSING, MERCHANT SERVICES				
5. State of Incorporation DE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name Philip Fayer		Vice-President Name			
Street Address 1375 N Scottsdale Rd Suite 400		Street Address			
City Scottsdale	State AZ	Zip 85257	City	State	Zip
Secretary Name Mark Pyke		Treasurer Name			
Street Address 1375 N Scottsdale Rd Suite 400		Street Address			
City Scottsdale	State AZ	Zip 85257	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Philip Fayer		Director Name Keith Birdsong			
Street Address 1375 N Scottsdale Rd Suite 400		Street Address 1375 N Scottsdale Rd Suite 400			
City Scottsdale	State AZ	Zip 85257	City Scottsdale	State AZ	Zip 85257
Director Name Ed Garcia		Director Name			
Street Address 1375 N Scottsdale Rd Suite 400		Street Address			
City Scottsdale	State AZ	Zip 85257	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES CWP	PAR VALUE \$0.0100	
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 Mark Pyke					Date 07/14/2021
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

JUL 15 2021

BY

FORM 630 - Revised: 08/2020