State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021 AMENDED

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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STATE
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1. Entity ID Number	2. Exact name of the Corporation		
1694425	Stripe Servicing, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
354 Oyster Point Boulevard	South Francisco	CA	94080
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
561440	Conducts certain credit collections/servicing type activities.		
5 State of Incorporation			
Delaware			

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

President Name: Joseph Serrill			Vice-President Name:		
Street Address: 354 Oyster Point Boulevard			Street Address:		
City: South San Francisco	State: CA	Zip: 94080	City:	State:	Zip:
Secretary Name: Lee Ann Anderson			Treasurer Name: Christopher Van Wocart		
Street Address: 354 Oyster Point Boulevard			Street Address: 354 Oyster Point Boulevard		
City: South San Francisco	State: CA	Zip: 94030	City: South San Francisco	State: CA	Zip: 94080

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name: Joseph Serrill			Director Name:		
Street Address: 354 Oyster Point Boulevard			Street Address:		
City: South San Francisco	State: CA	Zip: 94080	City:	State:	Zip:
Director Name: Harsha Dante			Director Name:		
Street Address: 354 Oyster Point Boulevard			Street Address:		
City: South San Francisco	State: CA	Zip: 94080	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	Common	$0.00001

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
Joseph Serrill	10/25/21

Signature of Authorized Representative: [signature] 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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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

December 01, 2021 01:06 PM

Nellie M. Gorbea
Secretary of State