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State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2022 Amended
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
RI DEPT. OF STATE
BUS. SERVICES DIV.
2022 DEC -2 P 2:01

1. Entity ID Number 001687723	2. Exact name of the Corporation iZero Crypto, Inc.		
3. Principal Office Address 299 South Main Street, Suite 2270	City Salt Lake City	State UT	Zip 84111
4. NAICS Code 523910	6. Brief description of the character of business conducted in Rhode Island Maintain and operate cryptocurrency trading platform		
5. State of Incorporation UT			

7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Robert Christensen				Vice-President Name			
Street Address 299 South Main Street, Suite 2270				Street Address			
City Salt Lake City	State UT	Zip 84111		City	State	Zip	
Secretary Name Cameron Scullen				Treasurer Name Joel Quall			
Street Address 299 South Main Street, Suite 2270				Street Address 299 South Main Street, Suite 2270			
City Salt Lake City	State UT	Zip 84111		City Salt Lake City	State UT	Zip 84111	

8. List ALL directors (names and addresses)				Check the box to indicate an attachment			
Director Name Robert Christensen				Director Name Alan Konevsky			
Street Address 299 South Main Street, Suite 2270				Street Address 299 South Main Street, Suite 2270			
City Salt Lake City	State UT	Zip 84111		City Salt Lake City	State UT	Zip 84111	
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		CLASSIFIERS		PAR VALUE	
	10,000,000.00		CNP		0.000	

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 Robert Christensen	Date 11/30/2022
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Signature of Authorized Representative 	FILED DEC 2 2022
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY 2:01



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 02, 2022 02:01 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

