



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 10 2023

BY 10/18
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1. Entity ID Number 000487863		2. Exact name of the Corporation RxVantage, Inc.			
3. Principal Office Address 225 Dyer St., Floor 2		City Providence		State RI	Zip 02903
4. NAICS Code 511210		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 <input type="checkbox"/>					
President Name Daniel Gilman			Vice-President Name		
Street Address 29 Knapton Street			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Kleinfelter			Director Name Noah Doyle		
Street Address 10088 Idle Pine Lane			Street Address 5618 LaSalle Avenue		
City Bonita Springs	State FL	Zip 34135	City Oakland	State CA	Zip 94611
Director Name Gregory Gilman			Director Name Jeff Haywood		
Street Address 5616 Beach Drive SW			Street Address 171 Main Street		
City Seattle WA	State WA	Zip 98136	City Hingham	State MA	Zip 02043
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		6,169,199		Common	\$0.001
		587,886		Preferred A1	\$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 3/3/23
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

FORM 630 - Revised: 11/2021

IO
487803

10. Shares Issued (con't)

Preferred A 3,549,907

Preferred B 1,862,592

Preferred C 7,373,865

FILED

MAR 10 2023

BY

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[Signature]