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State of Rhode Island

Department of State - Business Services Division

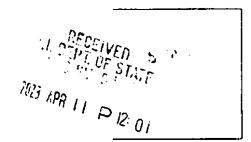
Annual Report for the year: 2023

Limited Liability Company

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

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



1 Entity ID Number 001713403	2. Exact name of the Limited Liability Company Brex Payments LLC				
3. NAICS Code 522320	Brief description of the character of business conducted in Rhode Island Brex Payments provides money transfer or payment services to its customers.				
5 State of Formation					
6 Principal Office Address 650 South 500 West, Suite 209		City Salt Lake City	State UT	Ζ _{ip} 84101	
7. Mailing Address of Limit	ed Liability Company and Name or	Title of Contact Person			
Contact Name Nina Richey		Contact Title Sr. Corporate Paralegal			
Sireel Address 650 South 500 West, Suite 209		City Salt Lake City	State UT	^{Zip} 84101	
8 The Resident Agent info	rmation currently of record with the	RI Department of State is accurat	e. Changes require	filing Form 642	
Under penalty of perjury,	I declare and affirm that I have e tatements contained herein are t	xamined this report, including a			
Name of Authorized Person Adam Lesman			Date April 4, 2023		
Signature of Authorized Pe	rson Adam Lisman				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website; www.sos.ri gov APR 11 2023 BY 28096