



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.

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1. DEPT. OF ST.

2023 MAY 19 P 1:09

1. Entity ID Number <b>001710716</b>		2. Exact name of the Corporation <b>GoPeer, Inc.</b>	
3. Principal Office Address <b>8860 East Chaparral Rd., Ste. 100</b>		City <b>Scottsdale</b>	State <b>AZ</b>
		Zip <b>85250</b>	
4. NAICS Code <b>611710</b>	6. Brief description of the character of business conducted in Rhode Island <b>Educational support services</b>		
5. State of Incorporation <b>Delaware</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jonathan N. Grayer</b>		Vice-President Name <b>David S. Alderslade</b>	
Street Address <b>2187 Atlantic St., 5th Fl.</b>		Street Address <b>8860 East Chaparral Rd., Ste. 100</b>	
City <b>Stamford</b>	State <b>CT</b>	City <b>Scottsdale</b>	State <b>AZ</b>
Zip <b>06902</b>		Zip <b>85250</b>	
Secretary Name <b>Christopher M. Graham</b>		Treasurer Name <b>David S. Alderslade</b>	
Street Address <b>2187 Atlantic St., 5th Fl.</b>		Street Address <b>8860 East Chaparral Rd., Ste. 100</b>	
City <b>Stamford</b>	State <b>CT</b>	City <b>Scottsdale</b>	State <b>AZ</b>
Zip <b>06902</b>		Zip <b>85250</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Jonathan N. Grayer</b>		Director Name <b>Adam J. Klaber</b>	
Street Address <b>2187 Atlantic St., 5th Fl.</b>		Street Address <b>2187 Atlantic St., 5th Fl.</b>	
City <b>Stamford</b>	State <b>CT</b>	City <b>Stamford</b>	State <b>CT</b>
Zip <b>06902</b>		Zip <b>06902</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>1.000</b>	<b>Common</b>
			<b>\$0.0</b>
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. <b>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.</b>			
Name of Authorized Representative <b>David S. Alderslade</b>		Date <b>5.18.2023</b>	
Signature of Authorized Representative 			

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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

MAY 19 2023  
BY 28372

FORM 630- Revised 04/2023