



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

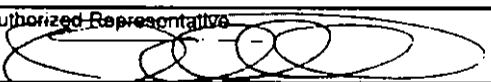
→ Filing period: February 1 - May 1

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

FILED 112

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