



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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
STATE DEPT. OF STATE

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	City Scottsdale	State AZ
Zip 06902		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	City Scottsdale	State AZ
Zip 06902		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	City Stamford	State CT
Zip 06902		Zip 06902	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		1,000	Common
			\$0.00
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. <i>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.</i>			
Name of Authorized Representative David S. Alderslade			Date 5-18-2023
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.bos.ri.gov

MS FILED 110

MAY 19 2023
BY 28332

FORM 630- Revised 04/2023