



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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 RI DEPT OF STATE
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1. Entity ID Number 001070278		2. Exact name of the Corporation Dialpad, Inc			
3. Principal Office Address 3001 Bishop Drive Suite 400a			City San Ramon	State California	Zip 94583
4. NAICS Code 517919		6. Brief description of the character of business conducted in Rhode Island Telecommunications			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CRAIG WALKER			Vice-President Name		
Street Address 100 CALIFORNIA STREET STE 500			Street Address		
City ALPHARETTA	State GA	Zip 94111	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 CRAIG WALKER			Director Name		
Street Address 100 CALIFORNIA STREET STE 500			Street Address		
City ALPHARETTA	State GA	Zip 94111	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		53,098,029.00		CWP	\$0.0001
		104,169,858.00		PWP	\$0.0001
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 Kamau Sankofa, CLA				Date 4/25/2023	
Signature of Authorized Representative <i>Kamau Sankofa</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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