



**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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
STAMP
2024 JAN 24 A 10:40

1. Entity ID Number 001722534		2. Exact name of the Corporation PARACHUTE DIGITAL SOLUTIONS INC.			
3. Principal Office Address 3500 LENOX RD NE, STE 900			City ATLANTA	State GA	Zip 30326
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island INSURANCE SALES			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARC-ANDRE GIGUERE			Vice-President Name PAIGE FREEMAN		
Street Address 3500 LENOX RD NE, STE 900			Street Address 3500 LENOX RD NE, STE 900		
City ATLANTA	State GA	Zip 30326	City ATLANTA	State GA	Zip 30326
Secretary Name PATRICK GATLAND			Treasurer Name JENNIFER ENGEL, ASST TREAS		
Street Address 3500 LENOX RD NE, STE 900			Street Address 3500 LENOX RD NE, STE 900		
City ATLANTA	State GA	Zip 30326	City ATLANTA	State GA	Zip 30326
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARC-ANDRE GIGUERE			Director Name PAIGE FREEMAN		
Street Address 3500 LENOX RD NE, STE 900			Street Address 3500 LENOX RD NE, STE 900		
City ATLANTA	State GA	Zip 30326	City ATLANTA	State GA	Zip 30326
Director Name PATRICK GATLAND			Director Name NONE		
Street Address 3500 LENOX RD NE, STE 900			Street Address NONE		
City ATLANTA	State GA	Zip 30326	City NONE	State NONE	Zip NONE
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
		2000		CWP	0.0100
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 PATRICK GATLAND				Date 11/2/2023	
Signature of Authorized Representative <i>Patrick Gatland</i>					

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

FILED

FORM 630- Revised 04/2023

JAN 24 2024
BY ML 524MQ
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