



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.

REC'D RIDOS BSD
24 FEB 23 PM 3:53:21

1. Entity ID Number 001720897		2. Exact name of the Corporation Payscale, Inc.												
3. Principal Office Address 113 Cherry St Ste 96140			City Seattle	State WA	Zip 98104									
4. NAICS Code 519190		6. Brief description of the character of business conducted in Rhode Island Software as a service												
5. State of Incorporation WA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
President Name			Vice-President Name Matt Marquez											
Street Address			Street Address 113 Cherry St Ste 96140											
City	State	Zip	City	State	Zip									
			Seattle	WA	98104									
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 checked="" type="checkbox"/>														
Director Name Paul Ilse			Director Name Kevin Wei											
Street Address 113 Cherry St Ste 96140			Street Address 113 Cherry St Ste 96140											
City	State	Zip	City	State	Zip									
Seattle	WA	98104	Seattle	WA	98104									
Director Name Susan Haberman			Director Name Paul Wolfe											
Street Address 113 Cherry St Ste 96140			Street Address 113 Cherry St Ste 96140											
City	State	Zip	City	State	Zip									
Seattle	WA	98104	Seattle	WA	98104									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>22,841,243,723</td> <td>A</td> <td>1.00</td> </tr> <tr> <td>3,165,198,069</td> <td>B</td> <td>0.00</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	22,841,243,723	A	1.00	3,165,198,069	B	0.00
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		22,841,243,723	A	1.00										
3,165,198,069	B	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. 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 Erin Bahouth					Date 2/23/2024									
Signature of Authorized Representative <i>Erin Bahouth</i> FILED														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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BY *5465 AA 3:54 PM*