ocuSign Envelope ID: EDE4F18 State of Rhode Islan	d				_		
Department of State - Business Services Division  Annual Report for the year: 2024 AMENDED						ĉ.	
Corporation  → Filing period: January  → Filing Fee: \$50.00  → Penalty: Additional \$25		ot filed by April 1.					
Entity ID Number	2. Exact nan	2. Exact name of the Corporation				110F35K5:16:11	
001682108	Currencies	Direct Inc.	et Inc.			EC,9 61002 820	
3. Principal Office Address			City Orlando		State	Žip	
4705 South Apopka-Vinelan					FL	32819	
4. NAICS Code 523160 5. State of Incorporation	Currenci	6. Brief description of the character of business conducted in Rhode Island  Currencies Direct Inc is a registered Money Services  Business in Rhode Island					
Delaware	1						
7. List ALL officers (names ar	nd addresses)		Nton Decide		he box to in	idicate an attachment ×	
President Name SEE ATTACI	President Name SEE ATTACHED			Vice-President Name			
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zıp	
Oity	- Citale				<u> </u>		
Secretary Name				Treasurer Name			
Street Address			Street Address	3		<del> </del>	
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zıp	
8. List ALL directors (names a	and addresses)				the box to i	ndicate an attachment ×	
Director Name			Director Name	•			
Street Address		<u> </u>	Street Address	S			
City	State	Zip	City		State	Zıp	
Director Name			Director Name	Director Name			
Street Address	<u>.                                    </u>		Street Addres	s			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares	Issued			ndicate an attachment	
This information is currently of Department of State.	mation is currently of record in the		NUMBER OF SHARES		CLASS/SERIES Common 1		
Changes require an additional	l filing.	1,000		Common		10.00	
11. This report must be exect trustee, this report must be e	executed on behalf i	of the corporation	by the receiver or t	rustee.			
Under penalty of perjury, I	declare and affirm etements contains	i that I have exan d herein are true	ninea this report, and correct.	including any accon	npanying s 	chedules and	
statements, and that all statements contained herein are true and Name of Authorized Representative  Neil Cooper				FILED 216		Date 13-Jun-2024	
Signature of Authorized Rep	resentative			<del></del>			
Docusigned by:	1036 HANVE			_ <b>0 3</b> 202 <b>4</b>			
MAILUS LOOPLY DIVISION OF BOSHESS Services			BY_				

FORM 630 - Revised: 08/2020

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

Address: 4705 SOUTH APOPKA-VINELAND ROAD, SUITE 114, ORLANDO, FL 32819

Management Name	Title	Title Role
Neil Cooper	Secretary	Officer
Neil Cooper	Treasurer/CFO	Officer
Mayur Sharma	President	Officer
Simon P Plumb	Director	Director
Simon P Plumb	General Manager	Officer
Simon P Plumb	Vice Secretary	Officer