| State of Rhode Island Fee: \$50.00   Office of the Secretary of State Fee: \$50.00  |  |  |  |  |  |
|---|--|--|--|--|--|
| Division Of Business Services<br>148 W. River Street<br>Providence RI 02904-2615<br>(401) 222-3040  |  |  |  |  |  |
| Limited Liability Company<br>Annual Report<br>Filing Period: February 1 - May 1   |  |  |  |  |  |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. |  |  |  |  |  |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025  |  |  |  |  |  |
| 1. ID No. <u>001722376</u>  |  |  |  |  |  |
| 2. Exact Name of the Limited Liability Company MoonPay USA LLC  |  |  |  |  |  |
| 3. State of Formation   |  |  |  |  |  |
| State: <u>DE</u>  |  |  |  |  |  |
| NAICS CODE  |  |  |  |  |  |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.  |  |  |  |  |  |
| <u>522320</u>   |  |  |  |  |  |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   |  |  |  |  |  |
| THE COMPANY'S PRIMARY SERVICE IS TO PROVIDE AN ALL-IN-ONE PAYMENTS<br>SOLUTION  |  |  |  |  |  |
| FOR DEVELOPERS TO MAKE PURCHASING, CONVERTING AND SELLING DIGITAL ASSETS,   |  |  |  |  |  |
| SPECIFICALLY TRANSACTING FROM FIAT TO CRYPTO, FROM CRYPTO TO CRYPTO<br>AND  |  |  |  |  |  |
| CRYPTO TO FIAT. SEAMLESS. WALLETS, EXCHANGES, DAPPS AND WEBSITES CAN<br>INTEGRATE MOONPAY TO ENABLE END-USERS TO PURCHASE (AND SELL)  |  |  |  |  |  |
| DIGITAL ASSETS<br>INSTANTLY USING DEBIT/CREDIT CARDS, BANK TRANSFERS AND APPLE PAY.   |  |  |  |  |  |
| 5. Principal Office Address   |  |  |  |  |  |
| No. and Street: <u>135 MADISON AVE.</u><br><u>SUITE 07-101, 5TH FLOOR</u>   |  |  |  |  |  |

| City or Town:   | <u>NEW YORK</u>  | State: <u>NY</u> | Zip: <u>10016</u> | Country: <u>USA</u> |  |
|---|--|------------------|-------------------|---------------------|--|
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |  |                  |                   |                     |  |
| Contact Name:<br>No. and Street:<br>City or Town:   | Contact Title:<br><u>135 MADISON AVE.</u><br><u>SUITE 07-101, 5TH FLOOR</u><br><u>NEW YORK</u> | State: <u>NY</u> | Zip: <u>10016</u> | Country: <u>USA</u> |  |
| 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER<br>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   |  |                  |                   |                     |  |
| <u>CORPORATION SERVICE COMPANY</u> 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , <u>RI</u><br>02888  |  |                  |                   |                     |  |
| 8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).   |  |                  |                   |                     |  |
| <b>Signed this 3 Day of April, 2025 at 4:41:58 AM by the authorized person.</b> <i>This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.</i> |  |                  |                   |                     |  |
| By <u>THEODORA VARDIS</u><br>Signature of Authorized Person   |  |                  |                   |                     |  |
| Form No. 632<br>Revised 09/07   |  |                  |                   |                     |  |
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