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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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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1. Entity ID Number	2. Exact name of the Corporation		
001660180	DriveDigital US Corp.		
3. Principal Office Address	**City**	**State**	**Zip**
28 Liberty Street, 50th Floor	New York	NY	10005
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
522390	Money transmitter business		
5. State of Incorporation			
AZ			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name			Vice-President Name: Jason Pizzarusso		
Street Address			Street Address: 28 Liberty Street, 50th Floor		
City	State	Zip	City: New York	State: NY	Zip: 10005
Secretary Name: Christopher Yamaguchi			Treasurer Name		
Street Address: 28 Liberty Street, 50th Floor			Street Address		
City: New York	State: NY	Zip: 10005	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name: Marcus Anthony			Director Name		
Street Address: 28 Liberty Street, 50th Floor			Street Address		
City: New York	State: NY	Zip: 10005	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	STK	1000.0000

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	Date
Marcus Anthony	4/28/2025

Signature of Authorized Representative

Marcus Anthony

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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BY IA3HR

FORM 630- Revised: 12/2023