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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.

1. Entity ID Number	2. Exact name of the Corporation
001780583	DIGITAL DOTS

3. Principal Office Address	City	State	Zip
3333 MICHELSON DRIVE SUITE 300	Irvine	CA	92612

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541700	Digital transformation and systems integration for built spaces and to engage in any lawful act or activity under the laws of Rhode Island.
5. State of Incorporation	
CA	

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

President Name	Vice-President Name
George Ellis, CEO/CFO	
Street Address: 28 Lakeview	Street Address:
City: Irvine, State: CA, Zip: 92604	City: , State: , Zip:
Secretary Name: Kaitlynn Helm	Treasurer Name:
Street Address: 300 N Lamar Blvd Apt 311	Street Address:
City: Austin, State: TX, Zip: 78703	City: , State: , Zip:

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

Director Name	Director Name
George Ellis	
Street Address: 28 Lakeview	Street Address:
City: Irvine, State: CA, Zip: 92604	City: , State: , Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	10,000	Common	No par

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
Kaitlynn Helm, Secretary	07/10/2025

Signature of Authorized Representative: Kaitlynn Helm

FILED
JUL 16 2025
BY QTW76

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

FORM 630- Revised. 12/2023