

Contact Information Tel: 360.725.0377 www.sos.wa.gov/corps This Box For Office Use Only

Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

Select one filing fee option

☐ Filing Fee \$60 - Default

☑ Filing Fee \$20 - Certification required (section 4)

To Expedite Filing, Add \$50

NONPROFIT CORPORATION ANNUAL REPORT

<u>RCW 24.03A</u> &	RCW 23.95.255
All fields REQUIRED unless otherwise specified	
(1) Business Name: PeeringDB	
(2) UBI No.: 603 568 772	
46 5007407	NonProfit Corporation is required to have an EIN. See the r the IRS website regarding this process.
(4) GROSS REVENUE CERTIFICATION:	
Per RCW 24.03A.960 does the Nonprofit certify that its than \$500,000? (Check one) ✓ YES ☐ NO (If "yes", the	•
(5) Has your registered agent changed? (Check one) \square Y	ES 🗹 NO If Yes, complete page 3
(6) PRINCIPAL OFFICE: The location where the business's result of Street Address (Must be a physical address; No PO Box or PMB) Address: 1700 7th Ave Ste 116 #299	Mailing Address (optional) Check if mailing address is the same as street address Address:
Zip: 98101 City: Seattle	Zip: City:
State: WA Country: USA	State: Country:
Phone: 206-367-4320 Email: se	ccretary@peeringdb.com
(7) GOVERNOR(s): List at least one, attach additional p Name: Chris Caputo, Patrick Gilmore	ages if necessary. A business cannot serve as its own Governor Name: Aaron Hughes, Christopher Malayter
Name: Bijal Sanghani	Name: Job Snijders
(8) NATURE OF BUSINESS: Briefly describe the type of busin Management and operation of the global PeeringDB database.	ness your business conducts in the state of Washington
(9) RENEWAL OF PUBLIC BENEFIT DESIGNATION	: <u>RCW 24.03A.245/250</u>
If the Nonprofit Corporation is currently designated as a Pub State the below questions must be answered.	olic Benefit Corporation with the Office of the Secretary of
1. Does the Nonprofit Corporation still meet the requirement	_
(Check one) ☐ YES ☐ NO If "no" is selected the Nonprofit wil	
1a. If "yes", does the Nonprofit Corporation still elect to h	nave the Public Benefit Designation?
(Check one) TYES NO	

(10) CHARITABLE NONPROFIT CORPORATION:
Is the Nonprofit Corporation a Charitable Nonprofit as defined by <u>RCW 24.03A.010(5)</u> ?
(Check one) ☐ YES ☑ NO If "no" continue to section 13.
(11) REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION:
Does the Nonprofit Corporation meet exemptions of reporting as outlined in <u>RCW 24.03A.075</u> ?
(Check one) YES NO If "no" the reporting questions below are required to be answered
(12) REPORTING QUESTIONS:
If submitting the Annual Report for a Foreign Nonprofit Corporation or Foreign Nonprofit Professional Service Corporation only question 2 is required.
1. Has the Nonprofit Corporation filed an Amendment in the last year that changed one or more purposes of the corporation recorded in its initial Articles of Incorporation? (Check one) ☐ YES ☐ NO
2. Has the Nonprofit Corporation operated a significant program or activity that is different from:
a. A program or activity that the Nonprofit has previously operated; and
b. A program or activity described in the most recent application for recognition of exemption from federal tax
income? (Check one)
(13) Controlling Interest RCW 82.45.220 Answer all questions below
1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements? ☐ YES ☑ NO
2. In the past 12 months, has there been a transfer of at least 16 ½ percent of the ownership, stock, or other financial interest in the entity? YES NO
2a. If "yes", in the past 36 months, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity? ☐ YES ☐ NO
3. If you answered "yes" to question 2a, has the controlling interest transfer return been filed with Department of Revenue? ☐ YES ☐ NO
For more information on Controlling Interest, contact Department of Revenue by visiting www.dor.wa.gov/REET
(14) POSTAL MAIL OPT-IN: By checking the box the business and Registered Agent will not receive email notifications
☐ The business wants to receive all notifications to the Registered Agent by postal mail
(15) I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.
Signature of Authorized Person: /signature on file/ Date: November 1st, 2022
Print Name and Title (if applicable): Chris Caputo, Secretary/Treasurer
Phone: (optional) Email: (optional)