

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000002221

**FILED**  
**Jan 27, 2024**  
**Secretary of State**  
**5992493073CC**

**Entity Name:** RAPID RATINGS INTERNATIONAL INC.

**Current Principal Place of Business:**

86 CHAMBERS ST  
SUITE 701  
NEW YORK, NY 10007

**Current Mailing Address:**

86 CHAMBERS ST  
SUITE 701  
NEW YORK, NY 10007 US

**FEI Number:** 20-8350067

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MALVONE, ALEX  
Address 86 CHAMBERS ST  
SUITE 701  
City-State-Zip: NEW YORK NY 10007

Title DIRECTOR  
Name ROUTH, ANNALIESA  
Address 86 CHAMBERS ST  
SUITE 701  
City-State-Zip: NEW YORK NY 10007

Title DIRECTOR  
Name MITCHELL, CHRISTOPHER  
Address 86 CHAMBERS ST  
SUITE 701  
City-State-Zip: NEW YORK NY 10007

Title DIRECTOR  
Name CODA, COLLEEN  
Address 86 CHAMBERS ST  
SUITE 701  
City-State-Zip: NEW YORK NY 10007

Title TREASURER  
Name GOLDMAN, ELLIOT  
Address 86 CHAMBERS ST  
SUITE 701  
City-State-Zip: NEW YORK NY 10007

Title DIRECTOR  
Name GELLERT, JAMS H.  
Address 86 CHAMBERS ST  
SUITE 701  
City-State-Zip: NEW YORK NY 10007

Title CEO  
Name D'ALEO, JOHN  
Address 86 CHAMBERS ST  
SUITE 701  
City-State-Zip: NEW YORK NY 10007

Title SECRETARY  
Name ERICSON, KAITLYN  
Address 86 CHAMBERS ST  
SUITE 701  
City-State-Zip: NEW YORK NY 10007

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELLIOT GOLDMAN

**TREASURER**

**01/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FARRELL, MICHAEL  
Address        86 CHAMBERS ST  
                 SUITE 701  
City-State-Zip: NEW YORK NY 10007