



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017 (Amended)**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
STATE
R.I. DEPT. OF
BUS. SVCS. DIV.
2017 AUG -2
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95448

1. Entity ID Number 000978220		2. Exact name of the Corporation SoFi Lending Corp.			
3. Principal Office Address 375 Healdsburg Avenue # 380			City Healdsburg	State CA	Zip 95448
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island Consumer lending			
5. State of Incorporation California					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Please see attached document			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Please see attached document.			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			12000	Common	0.00
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 Michael Cagney					Date
Signature of Authorized Representative					
DO NOT WRITE IN THIS SPACE					FILED

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

FORM 630 - Revised: 02/2017

SOFI LENDING CORP

New Officer and Director List

Michael Cagney, President/Director - One Letterman Drive, Building A, Suite 4700, San Francisco, CA 94129

Robert Lavet, Secretary/Director - One Letterman Drive, Building A, Suite 4700, San Francisco, CA 94129

Jennifer Smith, Vice President - One Letterman Drive, Building A, Suite 4700, San Francisco, CA 94129

Hanna Scramaglia, Vice President - One Letterman Drive, Building A, Suite 4700, San Francisco, CA 94129



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

August 02, 2017 01:39 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

