RI SOS Filing Number: 201748149550 Date: 8/2/2017 1:39:00 PM

State of Rhode Island ar					-	
Department of St Annual Report for the ye		ss Services D Amended)	ivision			201
Corporation			_			
 → Filing period: January 1 - I → Filing Fee: \$50.00 → Penalty: Additional \$25.00 		filed by April 1.				R.J. BESTO 2011 AUG -2
1. Entity ID Number	2. Exact name of the Corporation					
000978220	SoFi Lending Corp.					
3. Principal Office Address			City		State	Zigo
375 Healdsburg Avenue # 380			Healdsburg		CA	95448
4. NAICS Code	6. Brief descript	ion of the characte	er of business	conducted in Rhode Is	land	
52 - Finance and Insurance	Consumer lending					
5. State of Incorporation						
California						
7 1:04 A11 officer (seemed and and						· · · · · · · · · · · · · · · · · · ·
7. List ALL officers (names and addresses) Check the box to indicate an attachmet President Name Vice-President Name						
Please see attached document			Vice-Fresident Name			
reet Address			Street Address			
City	State	Zip	City		State	Zip
ecretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
8. List ALL directors (names and ac	idresses)				ne box to i	ndicate an attachment 🛂
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	***	10. Shares Issue			e box to i	ndicate 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.		12000		Common		0.00
11. This report must be executed or	n behalf of the cor	poration by an aut	norized repres	entative If the cornora	ition is in t	he hands of a receiver or
trustee, this report must be execute Under penaity of perjury, i declar	d on behalf of the e and affirm that	corporation by the	receiver or tr	ustee.		
statements, and that all statemen	its contained her	ein are true and c	correct.	<u> </u>		
Jame of Authorized Representative Michael Cagney			ÿ	ï	Date	
Signature of Authorized Representa	tive	i annu	6 Althors a constant			
	V \(J. 10000	MENT HERE	FILED		

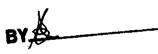
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.rl.gov

AUG 02 2017 1:39



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

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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

Nellie M. Gorbea Secretary of State

Tullin U. Soler

