RI SOS Filing Number: 201859208270 Date: 2/27/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

2018 FEB 27 PM 1:24

Annual Report for the year: 2018

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
001676283	Transform, Inc.

3. Principal Office Address	City	State	Zip
999 Third Avenue, Suite 700	Seattle	WA	98104

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
511210	Software development
5 State of Incorporation	
Delaware	

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

President Name	Vice-President Name
Tom Chiarella	
Street Address: 999 Third Avenue, Suite 700	Street Address
City: Seattle / State: WA / Zip: 98104	City / State / Zip
Secretary Name: Randa Minkarah	Treasurer Name
Street Address: 999 Third Avenue, Suite 700	Street Address
City: Seattle / State: WA / Zip: 98104	City / State / Zip

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

Director Name	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
4,120,000	Common	.00001

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
Randa Minkarah	2/26/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

FEB 27 2018 KM

BY 3253364

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: 10/2017