



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

Annual Report for the year: 2018 *** 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
SECRETARY OF STATE
CORPORATIONS DIV
2018 AUG 28 PM 4:17

1. Entity ID Number 001678385		2. Exact name of the Corporation Tesla, Inc.			
3. Principal Office Address 3500 Deer Creek Road			City Palo Alto	State CA	
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island Sales, Service, Manufacturing, Distribution			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vacant			Vice-President Name Jonathan Chang		
Street Address			Street Address 3500 Deer Creek Rd.		
City	State	Zip	City	State	Zip
			Palo Alto	CA	94304
Secretary Name Todd Maron			Treasurer Name Deepak Ahuja		
Street Address 3500 Deer Creek Rd.			Street Address 3500 Deer Creek Rd.		
City	State	Zip	City	State	Zip
Palo Alto	CA	94304	Palo Alto	CA	94304
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elon Musk			Director Name		
Street Address 3500 Deer Creek Rd.			Street Address		
City	State	Zip	City	State	Zip
Palo Alto	CA	94304			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			168,797,000	CWP	\$0.0010
			0	PWP	\$0.0010
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. <i>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.</i>					
Name of Authorized Representative <u>Jonathan Chang</u>					Date <u>8/27/2018</u>
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

AUG 28 2018

FORM 630 - Revised: 02/2017

BY