

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:



1. The name of the corporation is:				
Sitetracker, Inc.				
2. It is incorporated under the laws of: Delaward	e	· · · · · · · · · · · · · · · · · · ·		
3. The name, if different, which it elects to use in Rh	node Island is:			
(a) If the name of the corporation in its jurisdiction o "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	f incorporation does not contain of, then list the name of the corp	the word "corporation", "comparation with the addition of one	any", e of the	
(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rhofiled with this application:	sland, then set forth below the fi ode Island as stated in the "Fictit	ctitious name under which the ious Business Name Statemer	nt" to be	
		2019	<u>5</u>	
4. The date of its incorporation is: 6/21/2017			2000	
And the period of its duration is: CHECK ONE BOX	CONLY		<u> </u>	
Perpetual (on-going)		2	불건물	
Date certain for dissolution				
5. The address of its principal office is:	<u> </u>	=======================================	H N	
150 Grant Ave, Palo Alto, CA 94306		00	, iu	
6. The name and address of the initial registered ag	ent/office in Rhode Island:			
Agent Name ParaSearch, Inc.				
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		

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

STAMP

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11:00

FORM 150 - Revised: 12/2017

<u> </u>	oject management software		<u> </u>	
(a) The names and restate or country of which	espective addresses of its dire h it is incorporated):	ctors (optional, unless o	directors are required under the laws of the	
NAME		-	ADDRESS	
				
			Check the box to indicate an attachment	
(b) The names and re of the state or country of	espective addresses of its prin of which it is incorporated):	cipal officers (mandator	y if directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	Giuseppe Incitti 150 Grant Ave, Palo Alto		Ave, Palo Alto, CA 94306	
VICE PRESIDENT	Giuseppe Incitti	150 Grant	150 Grant Ave, Palo Alto, CA 94306	
TREASURER	Giuseppe Incitti	150 Gran	150 Grant Ave, Palo Alto, CA 94306	
SECRETARY	Michael Creegan	150 Grant	150 Grant Ave, Palo Alto, CA 94306	
			Check the box to indicate an attachment	
The aggregate numb par value, and series, if	er of shares which it has author any, within a class, is:	ority to issue; itemized b	by classes, par value of shares, shares without	
NUMBER OF SHARES 50,900,000	CLASS Common	SERIES	PAR VALUE OR STATE NO PAR VALUE .00010	
8,103,727	Preferred A		.00010	
10,769,117	Preferred B		.00010	
8,535,474	Preferred B-2		.00010	
10. An estimate, as a polocated within this state	ercentage, of the proportion the during the following year bear	nat the estimated value	of the property of the corporation to be perty of the corporation to be owned during	
the following year, wher	ever located. (Note: Percentage	ge obtained from worksl	heet.)	
%				
11. An estimate, as a p	ercentage, of the proportion of	of the gross amount of b	usiness to be transacted by the corporation	
	ercentage, of the proportion of	of the gross amount of b	usiness to be transacted by the corporation ared to the gross amount thereof which will b	

12. This application must be accompanied by a <u>Certificate of Good Standiformation dated</u> within 60 days of the date of this filing.	ing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE E	BOX ONLY
X Date received (Upon filing)	-
Later effective date (Date must be no more than 90 days from the da	te of filing)
Under penalty of perjury, I declare and affirm that I have examined this Ap accompanying attachments, and that all statements contained herein are	
Type or Print Name of Authorized Officer Michael Creegan	Date 10/11/2019
Signature of Authorized Officer of the Corporation	<u> </u>

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SITETRACKER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2019.



Authentication: 203942048

Date: 11-05-19

6452092 8300 SR# 20197795540 RI SOS Filing Number: 201928953700 Date: 12/2/2019 11:00:00 AM



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:

December 02, 2019 11:00 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

