	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 029	treet	
HOPE	(401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>001699066</u>			
2. Exact Name of the Limited Liability Company Informatica LLC			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>541519</u>			
4. Brief Description of th	e Character of the Business Whicl	n is Actually Conducted in R	hode Island
DATA INTEGRATION			
5. Principal Office Addre	SS		
No. and Street:2100 SEAPORT BOULEVARDCity or Town:REDWOOD CITYState:CACity or Town:State:			
6. Mailing Address of Li	nited Liability Company and Name	e or Title of Contact Person:	
Contact Name: Contact			
	<u>SEAPORT BLVD</u> WOOD CITY State:	CA Zip: 94063 Cou	ntry: <u>USA</u>
City or Town: <u>REDWOOD CITY</u> State: <u>CA</u> Zip: <u>94063</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of August, 2020 at 2:55:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>AMY KAY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved