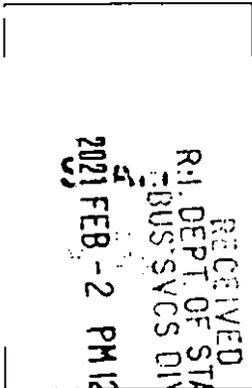




State of Rhode Island  
**Department of State - Business Services Division**



**Application for Certificate of Authority**

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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: RingCentral, Inc.		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rhode Island is:  (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:  (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: August 29, 2013		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 20 Davis Drive, Belmont, CA 94002		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name InCorp Services, Inc.		
Street Address ( <u>NOT</u> a P.O. Box) 222 Jefferson Blvd., Suite 200		
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**  
 FEB 02 2021  
 BY Ch 4D6QN  
 12:09

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  
 Provider of Software-as-a-Service Communications.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Vladimir Shmunis	20 Davis Drive, Belmont, CA 94002
Kenneth A. Goldman	20 Davis Drive, Belmont, CA 94002
Michelle McKenna	20 Davis Drive, Belmont, CA 94002
Godfrey Sullivan	20 Davis Drive, Belmont, CA 94002

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Anand Eswaran	20 Davis Drive, Belmont, CA 94002
VICE PRESIDENT	Bruce Johnson	20 Davis Drive, Belmont, CA 94002
TREASURER	Brian Gawle	20 Davis Drive, Belmont, CA 94002
SECRETARY	John Marlow	20 Davis Drive, Belmont, CA 94002

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000000000	Class A Common		0.0001
250000000	Class B Common		0.0001
100000000	Preferred		0.0001

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 \_\_\_\_\_ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.32 \_\_\_\_\_ %

**Attachment to Application for Certificate of Authority by a Foreign Business Corporation**

8. (a) The names and respective addresses of its directors:

NAME	ADDRESS
Robert Theis	20 Davis Drive, Belmont, CA 94002
Allan Thygesen	20 Davis Drive, Belmont, CA 94002
R. Neil Williams	20 Davis Drive, Belmont, CA 94002
Mignon Clyburn	20 Davis Drive, Belmont, CA 94002

- (b) The names and respective addresses of its principal officers:

OFFICE	NAME	ADDRESS
ASSISTANT SECRETARY	Bruce Johnson	20 Davis Drive, Belmont, CA 94002

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

Bruce Johnson

Date

1/28/2021

Signature of Authorized Officer of the Corporation

*Bruce Johnson*

60183038D5CB418

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RINGCENTRAL, 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 FIRST DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RINGCENTRAL, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5307333 8300

SR# 20210289527

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202413483

Date: 02-01-21



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
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:

February 02, 2021 12:09 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

