STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

AMENDED

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company		
001686121	Opendoor Brokerage LLC 531210		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Delaware	Real Estate & Related Technology Services		
5. Principal office address	City	State	Zip
410 N Scottsdale Rd., Suite 1600	Tempe	AZ	85281

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Opendoor Brokerage LLC			
Street Address	City	State	Zip
410 N Scottsdale Rd., Suite 1600	Tempe	AZ	85281

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
James Sexton	Austin Najera
Street Address	Street Address
410 N Scottsdale Rd., Suite 1600	410 N Scottsdale Rd., Suite 1600
City / State / Zip	City / State / Zip
Tempe / AZ /	Tempe / AZ / 85281
Manager Name	Manager Name
Lisa Soltesz	Michael Blackburn
Street Address	Street Address
410 N Scottsdale Rd., Suite 1600	410 N Scottsdale Rd., Suite 1600
City / State / Zip	City / State / Zip
Tempe / AZ / 85281	Tempe / AZ / 85281

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

RECEIVED
2021 FEB -4 PM 12:00
R.I. DEPT. OF STATE
BUS. SVCS DIV

FILED

FEB 04 2021

BY A.A. 12:00 pm

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

01/22/2021

Signature of Authorized Person — Date

Eric Wu - Authorized Signer

Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

RI SOS Filing Number: 202190092230 Date: 2/4/2021 12:00:00 PM

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 04, 2021 12:00 PM

Nellie M. Gorbea
Secretary of State