



State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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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: NEW RELIC, 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: February 20, 2008 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 188 Spear Street, Suite 1000, San Francisco, CA 94105		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name C T Corporation System Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A City/Town East Providence State RHODE ISLAND Zip Code 02914		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 150 - Revised: 08/2020

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Software Publisher (NAICS #511210). Sales, service operations, software engineering, and coding related matters.

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
* see attached D&O addendum	

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	* see attached D&O addendum	
VICE PRESIDENT		
TREASURER		
SECRETARY		

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:

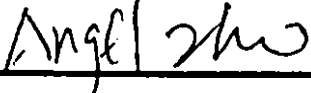
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100,000,000	Common		0.001
10,000,000	Preferred		0.001

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.)

.0015 %

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.)

.0793 %

12. This application must be accompanied by a _____ 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	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> 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 ANGEL ZHAO	Date 12/28/2020
Signature of Authorized Officer of the Corporation 	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 150 - Revised 09/2020

O&O Addendum

Director	Address
Hope Cochran (Chair)	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
Lew Cline	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
Michael Christenson	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
Anne DelSanto	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
Adam Messinger	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
Dan Scholnick	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
James Tolonen	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
David Henshall	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
Caroline Watteuw Carlisle	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105

Officer	Title	Address
Lew Cline	Chief Executive Officer	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
Michael Christenson	President and Chief Operating Officer	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
Mark Sachleben	Chief Financial Officer and Corporate Secretary	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
Angel Zhao	Chief Accounting Officer	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105
William Staples	Chief Product Officer	c/o 188 Spear Street, Ste. 1000, San Francisco, CA 94105

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW RELIC, 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 THIRD 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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SR# 20210327090

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 202437908

Date: 02-03-21



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 05, 2021 01:08 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

