Application for Certificate of Autho	ority		~2 ~7;
FOREIGN Business Corporation			22
→ Filing Fee: \$310.00 minimum			R.J. DEP BUS 9
Pursuant to the provisions of <u>RIGL 7-1,2-1405</u> , the upplies for a Certificate of Authority to transact busin or that purpose submits the following statement:	indersigned foreign corporation less in the State of Rhode Island	hereby d, and	-8 PA 67 ST
The name of the corporation is:			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
Twig Education, Inc.			21
2. It is incorporated under the laws of: California	a		
3. The name, if different, which it elects to use in Rh	hode Island is:		
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	of incorporation does not contain of, then list the name of the con	the word "corporation with the add	on", "company", ition of one of the
(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rhofeld with this application:	Island, then set forth below the ode Island as stated in the "Fiction	fictitious name under itious Business Name	which the Statement" to be
4. The date of its incorporation is: 9/1/2017			
And the period of its duration is: CHECK ONE BOX Perpetual (on-going) Date certain for dissolution	X ONLY		
5. The address of its principal office is:			
428 Laurent Street, Santa Cruz, CA 95060			
6. The name and address of the initial registered ag	gent/office in Rhode Island:		
Agent Name Registered Agents Inc.			
Street Address (NOT a P.O. Box) 47 Wood Avenue, S	Suite 2		
City/Town Barrington	State RHODE ISLAND	Zip Code 02806	

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 MAR 0 8 2021

KL K8DVK

ORM 150 - Revised: 08/2020

18:8

7. The purpose or purpo	ses which it proposes to	pursue in the transaction o	f business in Rhode Island are:	
To sell educational curricu	lum.			
		•		
8. (a) The names and re	espective addresses of its	directors (optional, unless	directors are required under the laws of the	
state or country of which				
NAME,		ADDRESS		
Catherine Cahn	428 Laurei	428 Laurent Street, Santa Cruz, CA 95060		
	Check the box to indicate an attachme			
(b) The names and re of the state or country of	espective addresses of its f which it is incorporated)	principal officers (mandato :	ory if directors are not required under the laws	
OFFICE	NAME	Ţ	ADDRESS	
PRESIDENT				
VICE PRESIDENT				
TREASURER			<u> </u>	
SECRETARY				
			Check the box to indicate an attachment	
9. The aggregate number par value, and series, if	er of shares which it has a	authority to issue; itemized	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
19,000	Common		No par value	
 				
·	 .	· · · · · · · · · · · · · · · · · · ·		
<u>`</u>				
located within this state	during the following year	on that the estimated value bears to the value of all pro entage obtained from work	e of the property of the corporation to be operty of the corporation to be owned during sheet.)	
0 %	,	<u> </u>	•	
	<u> </u>			
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. (<i>Note: Percentage obtained from worksheet.</i>)				
0.26 %				

12. This application must be accompanied by a <u>Certificate of Companied</u> formation dated within 60 days of the date of this filing.	Good Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CH	ECK 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 exam accompanying attachments, and that all statements contained	
Type or Print Name of Authorized Officer	Date
Catherine Cahn	1/29/2021
Signature of Authorized Officer of the Corporation	I

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TWIG EDUCATION, INC.

FILE NUMBER:

C4061748

FORMATION DATE:

09/01/2017

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

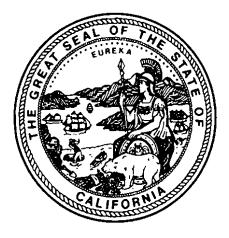
ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 24, 2021.

Shirley N. Weber, Ph.D. Secretary of State

RI SOS Filing Number: 202193730850 Date: 3/8/2021 2:21:00 PM



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:

March 08, 2021 02:21 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

