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State of Rhode Island
Department of State - Business Services Division

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2021 JUN 24 P 12:08

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: Smartsheet Inc.		
2. It is incorporated under the laws of Washington		
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: 6/1/2005		
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 10500 NE 8th Street, Suite 1300, Bellevue, WA 98004		
6. The name and address of the initial registered agent/office in Rhode Island		
Agent Name National Registered Agents, Inc		
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

FILED
JUN 24 2021
BY: *[Signature]*

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are
 Software as a service

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
Geoff Barker	10500 NE 8th Street, Suite 1300, Bellevue, WA 98004
Brent Frei	10500 NE 8th Street, Suite 1300, Bellevue, WA 98004
Alissa Abdullah	10500 NE 8th Street, Suite 1300, Bellevue, WA 98004
Elena Gomez	10500 NE 8th Street, Suite 1300, Bellevue, WA 98004

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	Mark Mader	10500 NE 8th Street, Suite 1300, Bellevue, WA 98004
VICE PRESIDENT		
TREASURER	Pete Godbole	10500 NE 8th Street, Suite 1300, Bellevue, WA 98004
SECRETARY	Paul Porrini	10500 NE 8th Street, Suite 1300, Bellevue, WA 98004

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
500,000,000	Class A Common		No par
500,000,000	Class B Common		No par
10,000,000	Preferred Stock		No par

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.)

1 _____ %

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.)

0.14 _____ %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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) _____	
<i>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</i>	
Type or Print Name of Authorized Officer	Date
Pete Godbole	06/17/2021
Signature of Authorized Officer of the Corporation	
	

Smartsheet Inc.

Rhode Island Application for Certificate of Authority
Additional Information

8 A)Directors

Mike Gregoire	10500 NE 8 th Street, Suite 1300 Bellevue, WA 98004
Matt McIlwain	10500 NE 8 th Street, Suite 1300 Bellevue, WA 98004
Rowan Trollope	10500 NE 8 th Street, Suite 1300 Bellevue, WA 98004
Jim White	10500 NE 8 th Street, Suite 1300 Bellevue, WA 98004
Magdalena Yesil	10500 NE 8 th Street, Suite 1300 Bellevue, WA 98004

8 B)Officers

Eugene Farrell, Chief Strategy & Product Officer	10500 NE 8 th Street, Suite 1300 Bellevue, WA 98004
Michael Arntz, Chief Revenue Officer	10500 NE 8 th Street, Suite 1300 Bellevue, WA 98004
Praerit Garg, Chief Technology Officer	10500 NE 8 th Street, Suite 1300 Bellevue, WA 98004
Anna Griffin, Chief Marketing Officer	10500 NE 8 th Street, Suite 1300 Bellevue, WA 98004
Megan Hansen, Chief People & Culture Officer	10500 NE 8 th Street, Suite 1300 Bellevue, WA 98004

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SMARTSHEET INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/01/2005.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/23/2021
UBI Number: 602 508 207



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued 06/23/2021



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:

June 24, 2021 12:00 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

