State of Rhode Island					
Department of State - Business Ser	rvices Division				
Application for Certificate of Author FOREIGN Business Corporation → Filing Fee: \$310.00 minimum	ity	RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2021 JUL -2 P 1: 18			
Pursuant to the provisions of <u>RIGL 7-1.2-1405</u> , the un applies for a Certificate of Authority to transact busine for that purpose submits the following statement:		-			
1. The name of the corporation is:	YESWARE INC.				
2. It is incorporated under the laws of:	DE				
3. The name, if different, which it elects to use in Rho	ode Island is:				
"incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rhod filed with this application:	land, then set forth below the fig	ctitious name under which the			
4. The date of its incorporation is: 06/30/2010					
And the period of its duration is: CHECK ONE BOX X Perpetual (on-going) Date certain for dissolution	ONLY	·			
5. The address of its principal office is: 75 KNEELAND ST BOSTON, MA 02111-1901					
6. The name and address of the initial registered age	ent/office in Rhode Island:				
Agent Name C T Corporation System	·				
Street Address (NQT a P.O. Box) 450 Veterans Memo	rial Parkway, Suite 7A				
City/Town East Providence	State RHODE ISLAND	Zip Code 02914			

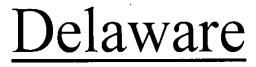
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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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 company					
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	
None					
· · · · · · · · · · · · · · · · · · ·	" I			Check the box to indicate an attachment	
			ers (mandator	ry if directors are not required under the laws	
OFFICE	f which it is incorporated): NAME		· .	ADDRESS	
PRESIDENT					
	Joel Stevenson		75 KNEELAN	ID ST BOSTON, MA 02111-1901	
VICE PRESIDENT					
TREASURER					
SECRETARY			<u>-</u>		
			<u> </u>	Check the box to indicate an attachment	
The aggregate number par value, and series, if		authority to is	sue; itemized l	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	- <u>-</u>	SERIES	PAR VALUE OR STATE NO PAR VALUE	
26,000,000	common	cor	nmon	0.0001	
2,677,717	Preferred	Sei	ries A	0.0001	
5,091,684	Preferred	Series B		0.0001	
8,694,725	Preferred	Series C		0.0001	
1,558,433	Preferred	Series Seed		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. (<i>Note: Percentage obtained from worksheet.</i>)					
2%	•				
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>)					
%					

12. This application must be accompanied by a <u>Certificate of Good</u> formation dated within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK				
X 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	Date			
Joel Stevenson President	04 / 14 / 2021			
Signature of Authorized Officer of the Corporation				
Just_				



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YESWARE 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 JULY, 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.



Jeffrey W. Buffack, Secretary of Slate

Authentication: 203581220 Date: 07-01-21

4843263 8300 SR# 20212604765 . You may verify this certificate online at corp.delaware gov/authver shtml 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:

July 02, 2021 01:18 PM

Tulli U. Sola

Nellie M. Gorbea Secretary of State

