



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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DEPT. OF STATE
BUSINESS SERVICES DIVISION
3
2023 MAR 28 P 1:38

1 Entity ID Number 001697523		2 Exact name of the Corporation RED HAT, INC.			
3 Principal Office Address 100 EAST DAVIE STREET			City RALEIGH	State NC	Zip 27601
4 NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island <u>Software Services</u>			
5. State of Incorporation Delaware					
7 List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Paul Cormier			Vice-President Name		
Street Address 100 East Davie Street			Street Address		
City Raleigh	State NC	Zip 27301	City	State	Zip
Secretary Name Thomas Ian Savage			Treasurer Name Simon Beumont		
Street Address 100 East Davie Street			Street Address 100 East Davie Street		
City Raleigh	State NC	Zip 27301	City Raleigh	State NC	Zip 27301
8 List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name George Kotlarz			Director Name Paul Cormier		
Street Address 100 East Davie Street			Street Address 100 East Davie Street		
City Raleigh	State NC	Zip 27301	City Raleigh	State NC	Zip 27301
Director Name Robert D. Thomas			Director Name		
Street Address 100 East Davie Street			Street Address		
City Raleigh	State NC	Zip 27301	City	State	Zip
9 Shares Authorized Check the box to indicate an attachment					
This information is currently of record in the Department of State.		10 Shares Issued			
Changes require an additional filing.		NUMBER OF SHARES	CLASSIFIES	PAR VALUE	
		19,000	Common Stock	\$0.0001	
		1,000	A Common Stock	\$0.0001	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<i>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.</i>					
Name of Authorized Representative Amy Ross				Date March 27, 2023	
Signature of Authorized Representative <i>Amy Ross</i>					

MAIL TO: 41621030937540C
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023

FILED

MAR 28 2023
BY ML 15192