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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.

1 Entity ID Number	2 Exact name of the Corporation
001697523	RED HAT, INC.

3 Principal Office Address	City	State	Zip
100 EAST DAVIE STREET	RALEIGH	NC	27601

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541511	Software Services
5. State of Incorporation: Delaware	

7 List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name	Street Address	City	State	Zip
Paul Cormier	100 East Davie Street	Raleigh	NC	27301

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Thomas Ian Savage	100 East Davie Street	Raleigh	NC	27301

Treasurer Name	Street Address	City	State	Zip
Simon Beaumont	100 East Davie Street	Raleigh	NC	27301

8 List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name	Street Address	City	State	Zip
George Kotlarz	100 East Davie Street	Raleigh	NC	27301
Robert D. Thomas	100 East Davie Street	Raleigh	NC	27301

Director Name	Street Address	City	State	Zip
Paul Cormier	100 East Davie Street	Raleigh	NC	2730

9 Shares Authorized — 10 Shares Issued — Check the box to indicate an attachment

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	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.

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.

Name of Authorized Representative	Date
Amy Ross	March 27, 2023

Signature of Authorized Representative
DocuSigned by:
Amy Ross
4L62F03C937548C

MAIL TO:
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