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State of Rhode Island Department of State - Business Services Division						SiAnP		
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.				RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED				
Entity ID Number	2. Exact name of	the Corporation		nc. ²⁰²³ May	22 🗁	_		
001698808	Provenar	nce Techno		nc.		3: 16		
3. Principal Office Address 650 California Street, Suite 07-126			City San Fr	ancisco	State CA		Zip 94108	
4. NAICS Code 522390 5. State of Incorporation Delaware	Brief description of the character of business conducted in Rhode Island Money Transmitter							
7. List ALL officers (names and add	dresses)		Iven positi	Check the box to indicate an attachment				
President Name Scott Butler				Vice-President Name N/A				
Street Address 650 California Street, Suite 07-126			Street Address N/A					
^{City} San Francisco	State CA	^{Zip} 94108	City N/A		State N	/A	Zip N/A	
Secretary Name Scott Butler			Treasurer Name James Kwon					
Street Address 650 California Street, Suite 07-126			Street Address 650 California Street, Suite 07-126					
^{City} San Francisco	State CA	^{Z₁p} 94108	City San	Francisco	State C/	4	Zip 94108	
8. List ALL directors (names and addresses) Check the box to indicate an attachme						achment 🔲		
Scott Butter				Director Name Bela Pandya				
	50 California Street, Suite 07-126			Street Address 650 California Street, Suite 07-126				
^{City} San Francisco	State CA	^{Zıp} 94108	City San	Francisco	State C	4	^{Zip} 94108	
Director Name John Beccia			Director Name N/A					
Street Address 650 California Street, Suite 07-126			Street Address N/A					
^{City} San Francisco	State CA	^{Zip} 94108	City N/A		State N	/A	Zip N/A	
9. Shares Authorized	•	10. Shares Issue				ite an at	tachment 🗷	
This information is currently of reco Department of State.	rd in the	NUMBER OF S	HARES	CLASS/SERIES	T		PAR VALUE	
Changes require an additional filing								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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								
James Kwon 5/23/2023								
James Ewan								
MAIL TO:				MAY 2 3 2023		٠-،	1	

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

BY ZPAX (+ORM 630- Revised. 04/2023

Number of Shares	Class/Series	Par Value
40,000,000	PWPA	\$400
520,000,000	CWP	\$4,473
45,649,145	STK	\$0