



**State of Rhode Island
Department of State - Business Services Division**

STAMP

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
R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 MAY 23 P 3:16

1. Entity ID Number 001698808	2. Exact name of the Corporation Provenance Technologies, Inc.
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3. Principal Office Address 650 California Street, Suite 07-126	City San Francisco	State CA	Zip 94108
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4. NAICS Code 522390	6. Brief description of the character of business conducted in Rhode Island Money Transmitter
5. State of Incorporation Delaware	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 94108	City San Francisco	State CA	Zip 94108

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scott Butler			Director Name Bela Pandya		
Street Address 650 California Street, Suite 07-126			Street Address 650 California Street, Suite 07-126		
City San Francisco	State CA	Zip 94108	City San Francisco	State CA	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 Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>									
This information is currently of record in the Department of State.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
NUMBER OF SHARES	CLASS/SERIES	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 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 James Kwon	Date 5/23/2023
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Signature of Authorized Representative <i>James Kwon</i>	FILED
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 23 2023
BY ZRAXI 3:20
FORM 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