



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

Annual Report for the year: 2023 AMENDED
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
BUS SVCS DIV

1. Entity ID Number 001746978		2. Exact name of the Corporation Swimlane, Inc.			
3. Principal Office Address 363 Centennial Parkway, Suite 210			City Louisville	State CO	Zip 80027
4. NAICS Code 511210		6. Brief description of the character of business conducted in Rhode Island Low-code security automation, also referred to security orchestration, automation, and response.			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name NONE			Vice-President Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name NONE			Treasurer Name Charles Constanti		
Street Address			Street Address 363 Centennial Parkway, Suite 210		
City	State	Zip	City Louisville	State CO	Zip 80027
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name Charles Constanti			Director Name NONE		
Street Address 363 Centennial Parkway, Suite 210			Street Address		
City Louisville	State CO	Zip 80027	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		C. ASS/SLS/ES	
		PAR VALUE			
		113,340,640	CWP	\$0.0001	
		81,678,949	PWP	\$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 Charles Constanti				Date 06/20/2023	
Signature of Authorized Representative <i>Charles Constanti</i>				FILED	

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

JUL 18 2023
BY *[Signature]* 2:56