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State of Rhode Island Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

ightarrow Filing Fee: \$75.00 (\$235 for an increase in authorized shares)



Pursuant to the provisions of RIGL <u>7-1.2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:	2. The name of the corporation	n is:	· · · · · · · · · · · · · · · · · · ·	
001256264	Alipay US, Inc.			
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:		
Delaware		04-21-2015		
 If the entity's name has char state the new name: 	nged, AUS Merchant Servi	-		
6. The name if different which	n it elects to use in Rhode Island		eck box to indicate no change	
(a) If the name of the corporati	ion in its jurisdiction of incorpora an abbreviation thereof, then lis	ation does not contain the w	ord "corporation," "company," n with the addition of one of the	
(b) If the corporate name is no corporation will transact busine application:	t available in Rhode Island, the ess in Rhode Island as stated in	n set forth below the fictitiou the "Fictitious Business Na	s name under which the me Statement" to be filed with this	
7. If the entity's purpose is cha transacted in the State of Rhode i	inging complete the following se Island	ection: "The new purpose sho	uld include ALL activity to be	
Check the box to indicate an a	ttachment	Cr	neck box to indicate no change	
MAIL TO: Division of Business Services 148 W. River Street, Providence, R Phone: (401) 222-3040 Website: www.sos.n.gov	Rhode Island 02904-2615		FILED OCT 27 2023	
If you have any questions, pl	ease call us at (401) 222-3040 .m., or email corporations@s	, Monday through Friday, os.rl.gov.	BY ML HYDH	

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR S	STATE NO PAR V	ALUE
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Check the box to indicate	an attachment		Check bo	c to indicate n	o change 🎦
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corporation during the foll	lowing year. (Note: Per	centage obtained from work anging indicate the new prin	(sheet.)		
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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 27, 2023 12:00 PM

Treng M. Course

Gregg M. Amore Secretary of State

