RI SOS Filing Number: 202443948400 Date: 1/12/2024 12:06:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 -AMENDED US SYCS COVER STATE

2024 JAN 12 P 12: 0b

→ Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

· Ferralty. Additional #25.00 le								
	2. Exact name of the Corporation							
000511340	SUNPOWER CORPORATION, SYSTEMS							
3. Principal Office Address			City	-	State		Zip	
880 Harbour Way South, Ste. 600			RICH	MOND	CA		94804	
•							J 1007	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
221114	SOLAR POWER GENERATION							
5. State of Incorporation	1							
DE								
7. List ALL officers (names and addresses)				Assistant Check the box to indicate an attachment				
President Name JENNIFER PEARCE			Vice-President Name BRADLEY LAURIE					
Street Address 880 Harbour Way South, Ste. 600			Street Address 880 Harbour Way South, Ste. 600					
City RICHMOND	State CA	^{Zip} 94804		HMOND		CA	^{Zip} 94804	
Secretary Name CHRIS GALLU			Treasurer Name SAM LEE					
Street Address 880 Harbour Way South, Ste. 600			Street Address 880 Harbour Way South, Ste. 600					
^{City} RICHMOND	State CA	^{Zip} 94804	City RICHMOND		State (CA	^{Zıp} 94804	
8. List ALL directors (names and addresses)				Check the box to indicate an attachment				
Director Name CHRIS GALLU			Director N	Director Name				
Street Address 880 Harbour Way South, Ste. 600			Street Address					
^{City} RICHMOND	State CA	^{Zip} 94804	City		State		Zip	
Director Name SAM LEE				Director Name				
Street Address 880 Harbour Way South, Ste. 600			Street Address					
^{City} RICHMOND	State CA	^{Z_{IP}} 94804	City		State		Zip	
9. Shares Authorized	10. Shares Issue							
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	NUMBER OF SHARES		SS/SERIES PAR VALUE			
		100		CWP		\$0.0010		
11. This report must be executed o						in the han	ds of a re-	
ceiver or trustee, this report must b						2. 2.20 a.a. 4		
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	Date		
Julie Thompson, Attorney-in-Fact					01/0	01/05/2024		
Signature of Authorized Representative FILED 12:00								
1881 8 18 8 8 8 8 8								
MAII TO- V								

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 04/2023

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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:

January 12, 2024 12:06 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

