



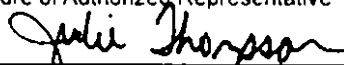
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023 -AMENDED
Corporation

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DEPT. OF STATE
BUS SVCS DIV

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

2024 JAN 12 P 12:06

1. Entity ID Number 000511340		2. Exact name of the Corporation SUNPOWER CORPORATION, SYSTEMS			
3. Principal Office Address 880 Harbour Way South, Ste. 600			City RICHMOND	State CA	Zip 94804
4. NAICS Code 221114		6. Brief description of the character of business conducted in Rhode Island SOLAR POWER GENERATION			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Assistant <input type="checkbox"/> Vice-President <input type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
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	City RICHMOND	State 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	Zip 94804
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHRIS GALLU			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	Zip 94804	City	State	Zip
9. Shares Authorized 10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			100	CWP	\$0.0010
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 Julie Thompson, Attorney-in-Fact					Date 01/05/2024
Signature of Authorized Representative 					FILED 12.06

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

JAN 12 2024

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