

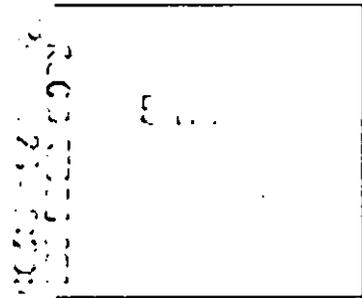


State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation \_\_\_\_\_

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



1. Entity ID Number <b>001735598</b>		2. Exact name of the Corporation <b>ClarionDoor, Inc.</b>			
3. Principal Office Address <b>10100 W Innovation Dr Ste 300</b>			City <b>Milwaukee</b>	State <b>WI</b>	Zip <b>53226</b>
4. NAICS Code <b>541511</b>		6. Brief description of the character of business conducted in Rhode Island <b>SOFTWARE FOR THE INSURANCE INDUSTRY</b>			
5. State of Incorporation <b>California</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jason Liu</b>			Vice-President Name		
Street Address <b>10100 W Innovation Dr Ste 300</b>			Street Address		
City <b>Milwaukee</b>	State <b>WI</b>	Zip <b>53226</b>	City	State	Zip
Secretary Name <b>Mehdi Khodadad</b>			Treasurer Name		
Street Address <b>10100 W Innovation Dr Ste 300</b>			Street Address		
City <b>Milwaukee</b>	State <b>WI</b>	Zip <b>53226</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jason Liu</b>			Director Name		
Street Address <b>10100 W Innovation Dr Ste 300</b>			Street Address		
City <b>Milwaukee</b>	State <b>WI</b>	Zip <b>53226</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1,000</b>	<b>Common Stock</b>	<b>\$0.0001</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Jason Liu</b>				Date <b>3/25/2024</b>	
Signature of Authorized Representative		DocuSigned by: <b>Jason Liu</b>			

**FILED**

**MAR 26 2024**  
**BY DLO/DSB 9:24 A.M.**

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