



State of Rhode Island
Department of State - Business Services Division

REC'D RIDDOS BSD
24 MAR 26 AM 9:21:00

Annual Report for the year: **2023**

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 001735598		2. Exact name of the Corporation ClarionDoor, Inc.			
3. Principal Office Address 10100 W Innovation Dr Ste 300			City Milwaukee	State WI	Zip 53226
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island SOFTWARE FOR THE INSURANCE INDUSTRY			
5. State of Incorporation California					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jason Liu			Vice-President Name		
Street Address 10100 W Innovation Dr Ste 300			Street Address		
City Milwaukee	State WI	Zip 53226	City	State	Zip
Secretary Name Mehdi Khodadad			Treasurer Name		
Street Address 10100 W Innovation Dr Ste 300			Street Address		
City Milwaukee	State WI	Zip 53226	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jason Liu			Director Name		
Street Address 10100 W Innovation Dr Ste 300			Street Address		
City Milwaukee	State WI	Zip 53226	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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
		1,000		Common Stock	\$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 Jason Liu					Date 3/25/2024
Signature of Authorized Representative		Discussed by <i>Jason Liu</i>			

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

FILED
MAR 26 2024
BY D60SB
9:22 AM

FORM 630- Revised 12/2023