

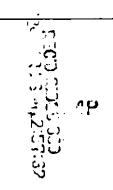
## State of Rhode Island

## **Department of State - Business Services Division**

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:						
GREENSIGHT INC.						
2. It is incorporated under the laws of: Delaware						
3. The name, if different, which it elects to use in Rhode Island is:						
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:						
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:						
4. The date of its incorporation is: 02/27/2015						
And the period of its duration is: CHECK ONE BOX ONLY  X Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is: 529 Main Street, Suite 600, Boston, MA 02129						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name C T Corporation System						
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A						
City/Town East Providence  State RHODE ISLAND  Zip Code 02914						

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 26 2024 BYML 16852

:								
7. The purpose or purpo			he transaction o	f busines:	s in Rhode Isla	and are:		
Use Drones To Collect/Analyze Data								
8. (a) The names and re	espective address	ses of its directors (	optional, unless	directors	are required u	inder the lav	vs of the	
state or country of whic					•			
NAME		ADDRESS						
James Peverill		529 Main Street, Suite 600, Boston, MA 02129						
Joel Pedlikin		529 Main Street, Suite 600, Boston, MA 02129						
					<del></del>			
		·	<del></del>	-				
				Check	the box to ind	icate an atta	achment	
8. (b) The names and re	espective address	ses of its principal o	officers (mandato	ory if direc	tors are not re	quired unde	er the laws	
of the state or country of	of which it is incor	porated):		•				
OFFICE	NAME				ADDRESS			
PRESIDENT	RESIDENT James Peverill		529 Main 9	Street,	Suite 600,	Boston,	MA 02129	
	ļ							
VICE PRESIDENT								
TREASURER	2001 Podlikir		520 Main 6	- <del></del>	cuita 600	Poston	MA 02120	
INEASURER	Joel Pedlikin		DZ9 Main s	street,	Suite 600,	BOSTON,	MA UZIZY	
SECRETARY	Joel Pedlikin		529 Main S	Street.	Suite 600,	Boston.	MA 02129	
	Joer Feat III			,	•	,		
	· · · · · · · · · · · · · · · · · · ·		•	Check the box to indicate an attachment				
9. The aggregate numb	er of shares which	h it has authority to	issue; itemized	by classe	es, par value o	f shares, sh	ares without	
par value, and series, if	any, within a clas	ss, is:						
NUMBER OF SHARES	CLASS		SERIES		PAR VALUE OR STATE NO PAR VALUE			
3,500,000	Common				\$0.00010			
1,026,269	Preferred				\$0.00010			
	-							
	•			<del></del>				
<u> </u>			·=·-··	<del></del>			<del></del>	
10. An estimate, as a p	ercentage, of the	proportion that the	estimated value	e of the pr	roperty of the o	corporation	to be	
located within this state	during the follow	ing year bears to th	ne value of all pro	operty of t				
the following year, wher	rever located. (No	ote: Percentage obt	ained from work	sheet.)				
0 %								
	•							
11. An estimate, as a p	percentage, of the	e proportion of the	gross amount of	business	to be transact	ed by the co	orporation	
at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)								
transacted by the corpo	oration during the	tollowing year. (IVO	te: Percentage c	optained ii	rom worksnee	i. <i>)</i>		
0 %								

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.					
13. Date when the Certificate of Authority will be effective: CHEC	CONE BOX ONLY				
X Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the date of filing)					
14. Under penalty of perjury, I declare and affirm that I have examany accompanying attachments, and that all statements contained	<del>-</del>				
Type or Print Name of Authorized Officer	(Date)				
Joel Pedlikin	1/5/2024				
Signature of Authorized Officer of the Corporation					
Sol Pedlikin					



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GREENSIGHT INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

and core delaware sov/aut

Authentication: 203107337

Date: 03-25-24

RI SOS Filing Number: 202449430350 Date: 3/26/2024 12:57:00 PM



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:

March 26, 2024 12:57 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

