| | Ctota of Dhoda Jaland | Fee: \$50.00 |
|--|---|--------------------------------------|
| | State of Rhode Island Office of the Secretary of State | Fee: \$50.00 |
| | Division Of Business Services | |
| | 148 W. River Street | |
| | Providence RI 02904-2615 | |
| 1630 | (401) 222-3040 | |
| Limited Liability Company | | |
| Annual Report Filing Period: February 1 - M | | |
| Filling Feriod. February 1 - M | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to | | |
| file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | | |
| | | |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u> | | |
| 1. ID No. <u>000487091</u> | | |
| 2. Exact Name of the Limited Liability Company <u>DESCARTES SYSTEMS (USA) LLC</u> | | |
| 3. State of Formation | | |
| State: <u>DE</u> | | |
| | | |
| | NAICS CODE | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the | | |
| list of codes here. More information on NAICS can be found online. | | |
| | | |
| <u>488999</u> | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | |
| | | |
| GLOBAL PROVIDER OF LOGISTICS TECHNOLOGY SOLUTIONS | | |
| GEOBAL FROVIDER OF LOGISTICS TECHNOLOGT SOLUTIONS | | |
| 5. Principal Office Address | 3 | |
| No. and Street: 2030 POW | VERS FERRY ROAD, SUITE 350 | |
| City or Town: ATLANTA | | 0339-5066 Country: USA |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | |
| | | |
| Contact Name: Contact Title: | | |
| | /ERS FERRY ROAD, SUITE 350 State: GA zin: 3 | 0330-5066Country LICA |
| City or Town: <u>ATLANTA</u> | State. <u>GA</u> ZIP: <u>3</u> | <u>0339-5066</u> Country: <u>USA</u> |
| 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 | | |
| CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI | | |
| 02914 | | |
| | | |

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of April, 2024 at 11:10:53 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>BRADLEY SLENKER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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