DocuSign Envelope RJ. SQS-95-Filing Number: 202450955930 Date: 4/12/2024 4:00:00 PM 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 2. Exact name of the Corporation 001676288 Acumatica Inc. State Zip 3. Principal Office Address City 98004 WA Bellevue 3075 112th Avenue NE, Suite 200 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code Enterprise Resource Planning Software 541519 5. State of Incorporation Delaware Check the box to indicate an attachment 7. List ALL officers (names and addresses) Vice-President Name President Name John Case Street Address Street Address 3075 112th Avenue NE, Suite 200 State Zıp City WA 98004 Bellevue Secretary Name Wayne Viggo Kimber Treasurer Name Street Address Street Address 3075 112th Avenue NE, Suite 200 State Zip 98004 City City Bellevue State WΛ Check the box to indicate an attachment 8. List ALL directors (names and addresses) Director Name Director Name John Case Street Address Street Address 3075 112th Avenue NE, Suite 200 State Zip Zip 98004 City WA Bellevue Director Name Director Name Wayne Kimber Street Address Street Address 3075 112th Avenue NE, Suite 200 Zip Zip 98004 City State WA Bellevue Check the box to indicate an attachment 10. Shares Issued 9. Shares Authorized NUMBER OF SHARES PAR VALUE CLASS/SERIES This information is currently of record in the 0.0010 Department of State. 85,282,351 Class A Changes require an additional filing.  $O \cdot OO IO$ Class B 115,151 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 4/4/2024 John Case Signature of Author 280 Representative

MAIL TO:

Division of Business Services

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