	State of Rhode Island Office of the Secretary of State	Fee: \$20.00		
	Division Of Business Services 148 W. River Street			
	Providence RI 02904-2615			
1830	(401) 222-3040			
Foreign Non-Prof Annual Report Filing Period: Februa				
	R.I.G.L. 7-6-94, each corporation failing or refusing to file its the time prescribed by law (R.I.G.L. 7-6-91) is subject to a 00.			
ANNUAL REPORT	YEAR - ENTER THE CURRENT YEAR <b>2024</b> : <u>2024</u>			
1. Corporate ID No. 001714808				
2. Name of Corporation Open Up Resources				
3. State of Incorporation				
State: <u>CA</u>				
NAICS CODE				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here</u> .				
,				
<u>511130</u>				
4. Principal Office	Address			
No. and Street:	<u>101 JEFFERSON DR</u> <u>1ST FLOOR</u>			
City or Town:	<u>MENLO PARK</u> State: <u>CA</u> Zip: <u>94025</u> Country	י: <u>USA</u>		
5. Brief Description	n of the Character of the Affairs Conducted in Rhode Island			
SALES OF TEXTBOOKSTRADE BOOKS DIGITAL CIRRICULUM AND PROFESSIONAL LEARNING SERVICES TO PUBLIC PRIVATE AND CHARTER SCHOOLS				
6. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed.				

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JASON ISAACS	101 JEFFERSON DR FL 1 MENLO PARK, CA 94205 USA
SECRETARY	RACHEL MARTINEZ	101 JEFFERSON DR FL 1 MENLO PARK, CA 94205 USA
CFO	VANDANA HARIHARAN	281 CREEKSIDE DR PALO ALTO, CA 94306 USA
DIRECTOR	KAREN COWE	101 JEFFERSON DR, 1ST FLOOR MENLO PARK, CA 94025 USA

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

REGISTERED AGENTS INC 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 22 Day of April, 2024 at 10:03:55 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 § 7-6.* 

## By MELODY FEDERICO

Signature of Authorized Person

Form No. 631 Revised 09/07

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