



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024 Amended
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS B3D
24 APR 22 AM 11:20:58

1. Entity ID Number <u>000926073</u>		2. Exact name of the Corporation <u>Tesla Energy Operations Inc.</u>	
3. Principal Office Address <u>1 Tesla Rd.</u>		City <u>Austin</u>	State <u>TX</u>
		Zip <u>78725</u>	
4. NAICS Code <u>541690</u>	6. Brief description of the character of business conducted in Rhode Island <u>Energy Service and Products</u>		
5. State of Incorporation <u>DE</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>John Temple (J.T.) Boone</u>		Vice-President Name <u>Victor Coelho</u>	
Street Address <u>1 Tesla Rd.</u>		Street Address <u>1 Tesla Rd.</u>	
City <u>Austin</u>	State <u>TX</u>	City <u>Austin</u>	State <u>TX</u>
Zip <u>78725</u>		Zip <u>78725</u>	
Secretary Name <u>John Temple (J.T.) Boone</u>		Treasurer Name <u>Jeffrey Munson</u>	
Street Address <u>1 Tesla Rd.</u>		Street Address <u>1 Tesla Rd.</u>	
City <u>Austin</u>	State <u>TX</u>	City <u>Austin</u>	State <u>TX</u>
Zip <u>78725</u>		Zip <u>78725</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Vaibhav Taneja</u>		Director Name	
Street Address <u>1 Tesla Rd.</u>		Street Address	
City <u>Austin</u>	State <u>TX</u>	City	State
Zip <u>78725</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		<u>100</u>	<u>PWP</u>
			<u>0.0001</u>
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. <i>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.</i>			
Name of Authorized Representative <u>Victor Coelho</u>			Date <u>4/22/24</u>
Signature of Authorized Representative 			

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 1120

APR 22 2024

FORM 630- Revised: 12/2023

BY MS



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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:

April 22, 2024 11:20 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

