



**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.

REC'D RIDOS  
24 APR 25 PM 1:4:23

1. Entity ID Number <b>001698808</b>		2. Exact name of the Corporation <b>Provenance Technologies, Inc.</b>												
3. Principal Office Address <b>650 California Street, Suite 07-126</b>			City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94108</b>									
4. NAICS Code <b>522390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Money Transmitter</b>												
5. State of Incorporation <b>Delaware</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Scott Butler</b>			Vice-President Name <b>N/A</b>											
Street Address <b>650 California Street, Suite 07-126</b>			Street Address <b>N/A</b>											
City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94108</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>									
Secretary Name <b>Scott Butler</b>			Treasurer Name <b>James Kwon</b>											
Street Address <b>650 California Street, Suite 07-126</b>			Street Address <b>650 California Street, Suite 07-126</b>											
City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94108</b>	City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94108</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Scott Butler</b>			Director Name <b>Bela Pandya</b>											
Street Address <b>650 California Street, Suite 07-126</b>			Street Address <b>650 California Street, Suite 07-126</b>											
City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94108</b>	City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94108</b>									
Director Name <b>John Beccia</b>			Director Name <b>N/A</b>											
Street Address <b>650 California Street, Suite 07-126</b>			Street Address <b>N/A</b>											
City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94108</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
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.														
<b>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.</b>														
Name of Authorized Representative <b>James Kwon</b>				Date <b>4/22/2024</b>										
<b>FILED</b>														
Signature of Authorized Representative <b>James Kwon</b>														

APR 25 2024

BY POGWH  
AR

MAIL TO:

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

Number of Shares	Class/Series	Par Value
40,000,000	Preferred / Seed	\$0.00001
52,000,000	Preferred / A	\$0.00001
710,000,000	Common / N/A	\$0.00001