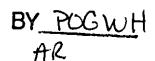
uSign Envelope IID: SGNSC9E 1/E494	Applicates and a particular of the company of the c	5272 8820	Date: 4/2	25/2024 4:00:00 PI	М	
State of Rhode Island Department of St	ate - Busines	s Services	Division			724 E
Annual Report for the year:	2024				•	A QC
Corporation - → Filing period: February 1 -	Mary 1				,	322
Filing Fee: \$50.00	IVIAY I					RIDOS
→ Penalty: Additional \$25.00 f						<u> </u>
1. Entity ID Number	2. Exact name of the Corporation			3D 4:28		
001698808	Provena	nce Techno	ologies, l	Inc.	5	Ď
3. Principal Office Address	•		City		State	Zip
650 California Street, Su	ite 07-126		San Fr	rancisco	CA	94108
4. NAICS Code	6. Brief descripti	on of the charact	er of busines	s conducted in Rhode Is	sland	
522390	Money Tr	ansmitter				
5. State of Incorporation						
Delaware						
7. List ALL officers (names and add	dresses)			Check the bo	x to indicate an	attachment
President Name Scott Butler			Vice-Presid	lent Name N/A		
650 California	Street, Suite 0	7-126	Street Addr	ess N/A		
San Francisco	State CA	^{Zip} 94108	City N/A		State N/A	Zip N/A
Secretary Name Scott Butler	-		Treasurer I	^{tame} James Kwon		
Street Address 650 California	Street, Suite (7-126	Street Addr	ess 650 California	Street, Suite	e 07-126
City San Francisco	State CA	^{Zip} 94108	City San	Francisco	State CA	Zip 94108
3. List ALL directors (names and a	ddresses)				ox to indicate ar	attachment 🔲
Director Name Scott Butler			Director Na	Bela Pandya		
Street Address 650 California	Street, Suite 0	7-126	Street Addi	ess 650 California	Street, Suite	∋ 07-126
San Francisco	State CA	^{Zip} 94108	City San	Francisco	State CA	Zip 94108
Director Name John Beccia			Director Na	^{ime} N/A	-	
Street Address 650 California	Street, Suite (7-126	Street Add	ress N/A		· <u> </u>
City San Francisco	State CA	^{Zip} 94108	City N/A		State N/A	Zip N/A
9. Shares Authorized		10. Shares Iss				n attachment 🗹
This information is currently of reco Department of State.	rd in the	NUMBER OF	SHARES	CLASS/SERIL:	<u> </u>	PAR VALUE
•						
Changes require an additional filing	-					
11. This report must be executed of	on behalf of the co	rporation by an a	uthorized rep	resentative. If the corpo	ration is in the I	nands of a re-
ceiver or trustee, this report must t						
Under penalty of perjury, I decla statements, and that all stateme				t, including any accon	npanying sche	dules and
Name of Authorized Representative					Date	
James Kwon	FII F			ו בה	4/	/22/2024
Signature of Authorized Represent	tative			LEU	<u></u>	
James Elwan			400 6) E 2024		

MATICOPOLEGOEE40475...

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