



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

APR 25 2024

BY POGWH
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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