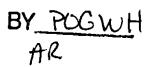
State of Rhode Island Department of Sta		s Services [Division			924 F	}	
Annual Report for the year: 2024						EC'D F.ºR		
Corporation — → Filing period: February 1 - I	May 1	<u> </u>				25 RE		
→ Filing Fee: \$50.00	ing Fee: \$50.00							
1. Entity ID Number								
001698808	2. Exact name of the Corporation :: Solution :: Soluti							
3. Principal Office Address								
•						94108		
4. NAICS Code	Brief description of the character of business conducte			s conducted in Rhode Isl	and			
522390	Money Tra	Money Transmitter						
5. State of Incorporation Delaware								
7. List ALL officers (names and add								
President Name Scott Butler	Man Desident Name							
Street Address 650 California Street, Suite 07-126			Street Address N/A					
C#1	Istata	7 0	City		State		Zip	
San Francisco	CA CA	94108	N/A	łama	<u> </u>	V/A	N/A	
Secretary Name Scott Butler	Scott Butier James Kwon							
	650 California Street, Suite 07-126		Street Address 650 California Street, Suite 07-126					
^{City} San Francisco	State CA	^{Zīp} 94108	City San	City San Francisco State CA		A	Σφ 94108	
Dimeter Name	List ALL directors (names and addresses) Check the box to indicate an attachment						ichment 🔲	
Scott Butler	Scott Butler 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	San			CA	_{Zip} 94108	
John Beccia			Director Name N/A					
	650 California Street, Suite 07-126 N/A							
^{City} San Francisco	State CA	^{Zip} 94108	City N/A		State	N/A	Ζέρ N/A	
9. Shares Authorized This information is currently of recor	of in the	10. Shares Issu		Check the bo	ox to indic		achment 🗹	
Department of State.	u III U IU	NUMBER OF S		GLAGGERRES				
Changes require an additional filing.	anges require an additional filing.					<u>.</u>		
11. This report must be executed or ceiver or trustee, this report must be			•		ation is i	n the hand	s of a re-	
Under penalty of perjury, I declar	e and affirm that	l have examine	d this repor		panying	schedule	s and	
statements, and that all statements contained herein are true and Name of Authorized Representative			COTTECL	Date				
James Kwon		FILED 4/22/2024			2024			
Signature of Authorized Representative								
James EWON		<u> </u>	APR 2	5 2024				

MORTE TO PERSON AND PROPERTY.

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