



**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.

1. Entity ID Number 000163253		2. Exact name of the Corporation VMware, Inc.			
3. Principal Office Address 3421 HILLVIEW AVE			City Palo Alto	State CA	Zip 94304
4. NAICS Code 541512		6. Brief description of the character of business conducted in Rhode Island Any lawful purpose and computer software and services.			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Adam Sloane			Vice-President Name		
Street Address 3421 Hillview Avenue			Street Address		
City Palo Alto	State CA	Zip 94304	City	State	Zip
Secretary Name Mark Brazeal			Treasurer Name CFO Kristen Spears		
Street Address 3421 Hillview Avenue			Street Address 3421 Hillview Avenue		
City Palo Alto	State CA	Zip 94304	City Palo Alto	State CA	Zip 94304
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CA, Inc.			Director Name		
Street Address 3421 Hillview Avenue			Street Address		
City Palo Alto	State CA	Zip 94304	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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
			100,000,000.00	PWP	\$0.0100
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 Mark Brazeal				Date 5/23/2024	
Signature of Authorized Representative			DocuSigned by: Mark Brazeal		

DocuSigned by:
Mark Brazeal

FILED

MAY 28 2024
BY 30181
AA 12:09 PM

MAIL TO:
Division of Business Services
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Website: www.sos.n.gov