



State of Rhode Island

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV.
2024 JUL 22 PM 12:14

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement.

1. The name of the corporation is: REAL-TIME INNOVATIONS, INC.		
2. It is incorporated under the laws of: DELAWARE		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 01/28/1991		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 232 E. JAVA DRIVE, SUNNYVALE, CA 94089		
6. The name and address of the initial registered agent/office in Rhode Island		
Agent Name REGISTERED AGENTS INC.		
Street Address (<u>NOT</u> a P.O. Box) 47 WOOD AVE. STE 2		
City/Town BARRINGTON	State RHODE ISLAND	Zip Code 02806

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov**FILED****JUL 22 2024****12:14**
BY ML 22160

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

PROVIDE CUSTOMER SUPPORT FOR OUR SOFTWARE PRODUCTS.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
STANLEY SCHNEIDER	232 E. JAVA DRIVE, SUNNYVALE, CA 94089
JODY SCHNEIDER	232 E. JAVA DRIVE, SUNNYVALE, CA 94089
PETER DALTON	232 E. JAVA DRIVE, SUNNYVALE, CA 94089
MICHAEL LYONS	232 E. JAVA DRIVE, SUNNYVALE, CA 94089

Check the box to indicate an attachment ☒

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	STANLEY SCHNEIDER	232 E. JAVA DRIVE, SUNNYVALE, CA 94089
VICE PRESIDENT	CATHERINE MEKLER	232 E. JAVA DRIVE, SUNNYVALE, CA 94089
TREASURER	JODY SCHNEIDER	232 E. JAVA DRIVE, SUNNYVALE, CA 94089
SECRETARY	JODY SCHNEIDER	232 E. JAVA DRIVE, SUNNYVALE, CA 94089

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
50,000,000	COMMON	N/A	NO PAR VALUE

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

.0056 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.466 %


Attachment

#1688253

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
KEVIN KOPCZYNSKI	232 E. JAVA DRIVE, SUNNYVALE, CA 94089
Check the box to indicate an attachment <input type="checkbox"/>	

8. (b) The names and respective addresses of the persons who are authorized to execute the certificate on behalf of the corporation:

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer	Date
JODY SCHNEIDER	07/18/2024
Signature of Authorized Officer of the Corporation 	

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REAL-TIME INNOVATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

2497856 8300

SR# 20243129316

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203919673

Date: 07-12-24



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 22, 2024 12:14 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

