RI SOS Filing Number: 202459259930 Date: 9/6/2024 2:48:00 PM



State of Rhode Island

Department of State - Business Services Division



Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1.2-105</u> the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the corpora	tion is:	
001777760	Anduril Industries, Inc.		
3. The document to be corrected	is:	4. The date the document being corrected was originally filed:	
Certificate of Authority- 202458825	5000	08/14/2024	
5. Specify the inaccurate record of	of the corporate action or the	defective or erroneous execution, seal or acknowledgment:	
Mailing Address: 565 Romano Vine	eyard Way, North Kingstown, R	RI 0285	
		Check the box to indicate an attachment	
6. The new corrected portion of t			
Mailing Address: 565 Romano Vinc	cyard Way, North Kingstown, F	RI 02852	
		Check the box to indicate an attachment	
7. The corrected document MUS	T be attached to this certification	ate.	
8. As required by RIGL <u>7-1.2-105</u>	the entity has paid all fees	and taxes.	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

SEP 06 2024 BY 375TF 1111P 248 FS

Date
9/5/24
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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:	-	
Anduril Industries, Inc.		
2. It is incorporated under the laws of: Delaw	are	
3. The name, if different, which it elects to use in F	thode Island is:	
(a) If the name of the corporation in its jurisdiction "incorporated", or "limited," or an abbreviation ther above corporate endings for use in Rhode Island:	of incorporation does not contain t eof, then list the name of the corpo	he word "corporation", "company", pration with the addition of one of the
(b) If the corporate name is not available in Rhode corporation will qualify and transact business in RI filed with this application:	Island, then set forth below the ficenode Island as stated in the "Fictition	etitious name under which the bus Business Name Statement" to be
4. The date of its incorporation is: 4/20/2017	· · · · · · · · · · · · · · · · · · ·	
And the period of its duration is: CHECK ONE BO	OX ONLY	
Perpetual (on-going)		
Date certain for dissolution		
5. The address of its principal office is:		
1400 Anduril, Costa Mesa, CA 92626(Mai	ling: 565 Romano Vineyard \	Way, North Kingstown RI 02852)
6. The name and address of the initial registered a	gent/office in Rhode Island:	
Agent Name CT Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans	Memorial Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov STAMP

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7. The purpose or purpo Search, detection, naviatio				ousiness in Rhode Island are: nt manufacturing		
8. (a) The names and restate or country of which	espective addr	esses of its directo	ors (optional, unless di	rectors are required under the laws of the		
NAME	NAME		A	DDRESS		
Brian W Schimpf	rian W Schimpf 1400 Anduril, Cost		ta Mesa, CA 92626			
Palmer F Luckey	uckey 1400 Anduril, Costa		ta Mesa, CA 92626			
Trae B Stephens		1400 Anduril, Costa Mesa, CA 92626				
				Check the box to indicate an attachment		
8. (b) The names and re of the state or country of			al officers (mandatory	r if directors are not required under the laws		
OFFICE		NAME		ADDRESS		
PRESIDENT	Matthew M Grimm, COO		1400 Anduril, Co	1400 Anduril, Costa Mesa, CA 92626		
VICE PRESIDENT	Brian W Schimpf, CEO		1400 Anduril, C	1400 Anduril, Costa Mesa, CA 92626		
TREASURER	Babak Siavoshy, CFO		1400 Anduril, Co	1400 Anduril, Costa Mesa, CA 92626		
SECRETARY						
				Check the box to indicate an attachment		
The aggregate numbers par value, and series, if			y to issue; itemized by	classes, par value of shares, shares without		
NUMBER OF SHARES	CLAS	ss	SERIES	PAR VALUE OR STATE NO PAR VALUE		
See Attached Form						
						
						
						
	during the follo	owing year bears to	o the value of all prope	of the property of the corporation to be entry of the corporation to be owned during eet.)		
_	·	· ·				
%						
at or from places of bus transacted by the corpo	iness in Rhode	Island during the	following year compa	usiness to be transacted by the corporation red to the gross amount thereof which will be ained from worksheet.)		
%						

			Number of Shares	Number of
Share Class	<u>Series</u>	Par value	<u>Authorized</u>	Shares Issued
Common	Class A Common	0.0001	81,000,000	74,421,636
Common	Class B Common	0.0001	728,000,000	98.817.966
Common	Founders Preferred	0.0001	8,340,000	8,340,000
Preferred	Series Seed Preferred	0.0001	31,917,754	31,691,387
Preferred	Series A Preferred	0.0001	34,932,691	34,932,691
Preferred	Series B Preferred	0.0001	33,983,359	33,730,870
Preferred	Series C Preferred	0.0001	33,735,915	33,735,915
Preferred	Series C-1 Preferred	0.0001	3,566,071	3,566,071
Preferred	Series D Preferred	0.0001	47,212,738	47,188,810
Preferred	Series E Preferred	0.0001	89,417,664	89,417,664_
Preferred	Series F Preferred	0.0001	70,608,032	44,672,609
Preferred	Series F-1 Preferred	0.0001	30,388,222	30,388,222

人名 人名英格兰 经收款的 人名日本

The second secon

formation dated within 60 days of the date of this filing. 13. Date when the Certificate of Authority will be effective: CHECK ONE BO	X ONLY	
X Date received (Upon filing)		
Later effective date (Date must be no more than 90 days from the date	of filing)	
14. Under penalty of perjury, I declare and affirm that I have examined this A any accompanying attachments, and that all statements contained herein ar	pplication for Certificate of Authority, e true and correct.	including
Type or Print Name of Authorized Officer	Date	
Babak Siavoshy	8/9/24	
Signature of Authorized Officer of the Corporation		

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANDURIL INDUSTRIES, 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 AUGUST, 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.

Authentication: 204136192

Date: 08-12-24

6386483 8300

SR# 20243384593

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

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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:

September 06, 2024 02:48 PM

Gregg M. Amore Secretary of State

Treg M. Coure

