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State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 **Limited Liability Company**

→ 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 001700690	2. Exact name of the Limited Liability Company Juvare LLC				
3. NAICS Code 513210	Brief description of the character of business conducted in Rhode Island Software Publisher to Emergency Management Companies				
5. State of Formation DE					
6. Principal Office Address		City	State	Zip	
235 Peachtree Street NE, Suite 2300		Atlanta	GA	30303	
7. Mailing Address of Limited Lial	bility Company and Name or Title	of Contact Person	 		
Contact Name Rajib Roy		Contact Title Manager			
Street Address 235 Peachtree Street NE, Suite 2300		City Atlanta	State GA	^{zip} 30303	
8. The Resident Agent informatio	n currently of record with the RI (Department of State is accur	ate. Changes require	filing Form 642.	
9. Under penalty of perjury, I destatements, and that all statem			ng any accompany	ing schedules and	
Name of Authorized Person Rajib Roy			Date August 26	Date August 26, 2024 12:55:56	
Signature of Authorized Person Rayib Roy 038502075642F					

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

SDT