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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2022 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.

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| 1. Entity ID Number 001700690 | 2. Exact name of the Limited Lize Juvare LLC | 2. Exact name of the Limited Liability Company Juvare LLC | | | | |
|--|---|---|-------------------------|----------------------|--|--|
| 3. NAICS Code 513210 | i i | 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 Limit | ed Liability Company and Name or Title | e 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 info | rmation currently of record with the RI I | Department of State is ac | curate. Changes require | e filing Form 642. | | |
| | ry, I declare and affirm that I have ex statements contained herein are true | | uding any accompany | ring schedules and | | |
| Name of Authorized Person Rajib Roy | | | Date August | 26, 2024 12:55:5 | | |
| Signature of Authorized Pe | erson | | <u> </u> | | | |

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OCT 18 2024

- FOT

MAIL TO:

Division of Business Services

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

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