RI SOS Filing Number: 202460697620 Date: 10/18/2024 12:12:00 PM

Docusign Equelope ID: 09680F70-522F-4F5B-8A0B-7B98BE726586



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

Annual Report for the year: 2021 **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 Liability Company Juvare LLC					
3. NAICS Code 513210	4. 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	1	City	State	Zip		
235 Peachtree Street NE, Suite 2300		Atlanta	GA	30303		
7. Mailing Address of Limited	d Liability 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 inform	mation currently of record with the RI I	Department of State is acc	curate. Changes require	e filing Form 642.		
	y, I declare and affirm that I have ex atements contained herein are true	•	uding any accompany	ring schedules and		
Name of Authorized Person Rajib Roy			Date August 26	Date August 26, 2024 12:55:56 ED		
Signature of Authorized Pers Rajik Koy	son		•	- 		

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

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