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 RI DEPT. OF STATE
 BUS SVCS DIV.
 2024 OCT 23 A 10:55



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

Annual Report for the year: 2024
 Corporation

- 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 001749994		2. Exact name of the Corporation Accolade Technology, Inc.	
3. Principal Office Address 5 Thornwood Drive		City Lincoln	State RI
		Zip 02865	
4. NAICS Code 541512	6. Brief description of the character of business conducted in Rhode Island Staging/Testing FPGA based Adapters for Cyber Applications		
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jon Sreekanth		Vice-President Name	
Street Address 277 Waterman Street		Street Address	
City Providence	State RI	Zip 02906	City
Secretary Name Jon Sreekanth		Treasurer Name	
Street Address 277 Waterman Street		Street Address	
City Providence	State RI	Zip 02906	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Jon Sreekanth		Director Name	
Street Address 277 Waterman Street		Street Address	
City Providence	State RI	Zip 02906	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized 250,000 Check the box to indicate an attachment <input type="checkbox"/>			
10. Shares Issued 250,000 <small>NUMBER OF SHARES</small>		<small>CLASS-SERIES</small>	
		<small>PAR VALUE</small>	
This information is currently of record in the Department of State.		250,000	Common, No Par
Changes require an additional filing.			\$0.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
<i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>			
Name of Authorized Representative Dale Dhillon		Date 10/18/2024	
Signature of Authorized Representative			

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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