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State of Rhode Island
Department of State - Business Services Division

RI DOS MADE NON-SUBSTANTIVE EDITS

Annual Report for the year: 2024

Corporation

RECEIVED
RI DEPT OF STATE
BUS SVCS
2024 NOV - 8
A 11:23

- 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 001756337		2. Exact name of the Corporation Viva Finance Inc.			
3. Principal Office Address 112 Krog St NE, Suite D145			City Atlanta	State GA	Zip 30307
4. NAICS Code 522291		6. Brief description of the character of business conducted in Rhode Island Unsecured consumer lending			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Markwalter			Vice-President Name R Hodges Markwalter		
Street Address 112 Krog St NE, Suite D145			Street Address 112 Krog St NE, Suite D145		
City Atlanta	State GA	Zip 30307	City Atlanta	State GA	Zip 30307
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ron Stewart			Director Name Eliza Roady		
Street Address 112 Krog St NE, Suite D145			Street Address 2958 Daybreaker Dr		
City Atlanta	State GA	Zip 30307	City Park City	State UT	Zip 84098
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			3,000,000		CWP/Commo
			441,766		PWP/Seed
					.0001
					.0001
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. 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.					
Name of Authorized Representative John Markwalter					Date
Signature of Authorized Representative					FILED

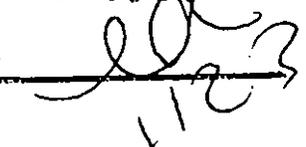
NOV 08 2024
BY *[Signature]*
RI SOS - Revised 12-2023

Number of Shares	Class/Series	Par Value
512,869	PWP/A	.0001
677,367	PWP/Seed	.0001

FILED

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BY


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State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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:

November 08, 2024 11:23 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

