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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.

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| | | | |
|---|---|---|----------------------------------|
| 1. Entity ID Number 001694555 | | 2. Exact name of the Corporation Sungage Financial, Inc. | |
| 3. Principal Office Address 38 Chauncy Street, Floor 6 | | City Boston | State MA |
| | | Zip 02111 | |
| 4. NAICS Code 522390 | 6. Brief description of the character of business conducted in Rhode Island Facilitating consumer loans for home efficiency projects. | | |
| 5. State of Incorporation Delaware | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Michael Gilroy | | Vice-President Name | |
| Street Address 38 Chauncy Street, Floor 6 | | Street Address | |
| City Boston | State MA | Zip 02111 | |
| Secretary Name | | Treasurer Name James Donovan | |
| Street Address | | Street Address 38 Chauncy Street, Floor 6 | |
| City | State | Zip | |
| Boston | MA | 02111 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Sara Ross | | Director Name Dawn Gillette | |
| Street Address 38 Chauncy Street, Floor 6 | | Street Address 38 Chauncy Street, Floor 6 | |
| City Boston | State MA | Zip 02111 | |
| Director Name Michael Buman | | Director Name | |
| Street Address 38 Chauncy Street, Floor 6 | | Street Address | |
| City Boston | State MA | Zip 02111 | |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| | | NUMBER OF SHARES | CLASS/SERIES |
| | | 15136101 | Series A,B. |
| | | 6,768 | Common |
| | | | \$0.001 |
| | | | \$0.001 |
| 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 James Donovan | | | Date September 3, 2024 |
| Signature of Authorized Representative <i>James Donovan</i> | | | |

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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BY *G.H.F.A.*

FORM 630- Revised: 12/2023