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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 DEC 20 PM 12:17:09
STAMP
SECRETARY OF STATE
OFFICE

1. Entity ID Number 001694555		2. Exact name of the Corporation Sungate 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 15136101	CLASS/SERIES Series A, B
		6,693	Common
PAR VALUE \$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 James Donovan			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY GH EAA AA. 12:19 PM.
FORM 630- Revised 12/2023