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

Annual Report for the year: 2020

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 RIDG BSO
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 FOR
 SECRETARY OF STATE
 RI ONLY
 24 DEC 20 PM 12:17:05

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	City	State	Zip
Secretary Name			Treasurer Name James Donovan		
Street Address			Street Address 38 Chauncy Street, Floor 6		
City	State	Zip	City Boston	State MA	Zip 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	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	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		15136101		Series A, B	\$0.001
		6,691		Common Stock	\$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
 DEC 20 2024
 BY *GALEA* AA-12:18pm.
 FORM 630- Revised 12/2023