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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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 DEC 30 AM 10:52:42
 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE

| | | | | | |
|---|-----------------|---|---|--------------------|----------------------------------|
| 1. Entity ID Number 001756266 | | 2. Exact name of the Corporation Slipwise Inc | | | |
| 3. Principal Office Address 238 Taber Ave | | | City Providence | State RI | Zip 02906 |
| 4. NAICS Code 513210 | | 6. Brief description of the character of business conducted in Rhode Island Software services | | | |
| 5. State of Incorporation Delaware | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Stephen Milbank | | | Vice-President Name | | |
| Street Address 238 Taber Ave. | | | Street Address | | |
| City Providence | State RI | Zip 02904 | City | State | Zip |
| Secretary Name Stephen Milbank | | | Treasurer Name Stephen Milbank | | |
| Street Address 238 Taber Ave. | | | Street Address 238 Taber Ave. | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Stephen Milbank | | | Director Name | | |
| Street Address 238 Taber Ave. | | | Street Address | | |
| City Providence | State RI | Zip 02904 | City | State | Zip |
| 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 type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | CLASS/SERIES |
| | | | 5,644,572 | | Common Stock |
| | | | 3,230,428 | | Preferred Stock |
| | | | PAR VALUE | | 0.00001 |
| | | | | | 0.00001 |
| 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 Stephen Milbank, Chief Executive Officer | | | | | Date December 30, 2024 |
| Signature of Authorized Representative | | | | | 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

DEC 30 2024

BY yby 4K

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FORM 630- Revised: 12/2023