



**State of Rhode Island
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Corporation
Application for Certificate of Authority**
(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is DEGREE, INC.

SECTION II

It is incorporated under the laws of State: DE Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

- (a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**
- (b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 7/31/2015

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 47 WOOD AVE SUITE 2
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE SUITE 2
City or Town: BARRINGTON State: RI Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT LLC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

SOFTWARE DEVELOPMENT

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SARAH FRANKLIN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
PRESIDENT	SARAH FRANKLIN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA

TREASURER	GABE CORTES	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	GABE CORTES	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
SECRETARY	AARON ROSS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
SECRETARY	AARON ROSS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
VICE PRESIDENT	AARON ROSS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
VICE PRESIDENT	AARON ROSS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	JACK ALTMAN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	JACK ALTMAN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SARAH FRANKLIN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
PRESIDENT	SARAH FRANKLIN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	GABE CORTES	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	GABE CORTES	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
SECRETARY	AARON ROSS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
SECRETARY	AARON ROSS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
VICE PRESIDENT	AARON ROSS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
VICE PRESIDENT	AARON ROSS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	JACK ALTMAN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	JACK ALTMAN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP		F	\$0.0000	250,000,030.00
PWP		F	\$0.0000	118,951,238.00

Signed this 24 Day of January, 2025 at 3:32:01 PM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the*

electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By SARAH FRANKLIN

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Delaware

The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEGREE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEGREE, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5790084 8300

SR# 20250214843

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "Kristopher E. Knight".

Kristopher E. Knight, Acting Secretary of State

Authentication: 202751803

Date: 01-22-25



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:

January 24, 2025 03:31 PM

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

Gregg M. Amore
Secretary of State

