

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

### **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

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Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

The name of the corporation is:					
Sandisk Technologies, Inc.					
2. It is incorporated under the laws of: Delaware					
3. The name, if different, which it elects to use in Rhode Island is:					
(a) If the name of the corporation in its jurisdiction of incorporation in its jurisdiction of incorporation corporated, or "limited," or an abbreviation thereof, then list above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:					
4. The date of its incorporation is: 02/05/2024					
And the period of its duration is: CHECK ONE BOX ONLY					
Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
951 SanDisk Drive, Milpitas, CA 95035-7933					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick State	RHODE ISLAND	Zip Code 02888			

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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7. The purpose or purpo	oses which it n	roposes to pur	sue in the	transaction of h	usines	s in Rhode Island are:
	•	·				
ivianulacturing com	outer storage	e aevices, in	ciuaing	me transactio	in of a	iny or all lawful business.
8. (a) The names and restate or country of which			ectors (op	tional, unless di	rectors	are required under the laws of the
NAME	<u> </u>			ADDRESS		
Wissam G. Jabre	951 SanDisk Drive		e, Milpitas, CA 95035-7933			
Cynthia Tregillis 951 SanDisk Drive		, Milpitas, CA	9503	5-7933		
					Checl	k the box to indicate an attachment
8. (b) The names and re of the state or country of	•	•	ncipal offi	cers (mandatory	r if dire	ctors are not required under the laws
OFFICE		NAME	•			ADDRESS
PRESIDENT	Wissam G. Jabre		951 SanDisk Drive, Milpitas, CA 95035-7933			
VICE PRESIDENT	Grace Lin		951 SanDisk Drive, Milpitas, CA 95035-7933			
TREASURER	Grace Lin		951 SanDisk Drive, Milpitas, CA 95035-7933			
SECRETARY	Cynthia Tre	egillis		951 SanDisl	Drive	e, Milpitas, CA 95035-7933
	1				Chec	k the box to indicate an attachment 🔀
<ol><li>The aggregate numb par value, and series, if</li></ol>			nority to is	sue; itemized b	y class	es, par value of shares, shares without
NUMBER OF SHARES	CLAS	SS		SERIES		PAR VALUE OR STATE NO PAR VALUE
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40. 40. 40.		41	AL - A AL		<u> </u>	
	during the foll	owing year bea	ars to the	value of all prop	erty of	troperty of the corporation to be the corporation to be owned during
0			-3		,	
<u> </u>	)					
·	siness in Rhode	e Island during	the follow	ving year compa	red to	s to be transacted by the corporation the gross amount thereof which will be from worksheet.)
0 %	·	37-	•	3		•
I						

#### Additional Attachment: Additional Officers

Officer Name	Officer Title	Address
Brandi Steege	Assistant Secretary	951 SanDisk Drive, Milpitas CA 95035
David Goeckeler	Chief Executive Officer	951 SanDisk Drive, Milpitas CA 95035

#### Docusign Envelope ID: 522CFD2C-07A5-4A13-8D8C-8A6C05736C18

12. This application must be accompanied by a <u>Certificate of Good formation dated</u> within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of				
13. Date when the Certificate of Authority will be effective: CHECK	ONE BOX ONLY				
✓ Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the date of filing)					
14. Under penalty of perjury, I declare and affirm that I have examiany accompanying attachments, and that all statements contained	· · · · · · · · · · · · · · · · · · ·				
Type or Print Name of Authorized Officer	Date				
Brandi Steege, Assistant Secretary	February 6, 2025				
Signature விடிuthorized Officer of the Corporation					
Brandi Strege					
9FE002343FD0414					

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# Delaware The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SANDISK TECHNOLOGIES, 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 THIRTY-FIRST DAY OF JANUARY, A.D.

2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANDISK

TECHNOLOGIES, INC." WAS INCORPORATED ON THE FIFTH DAY OF FEBRUARY,

A.D. 2024.

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

Charuni P. Sanchez, Secretary of State

C. G. Sanchez

Authentication: 202835272

Date: 01-31-25