



State of Rhode Island
Department of State - Business Services Division

REC'D 21005 BSD
MAY 8 AM 9:43:57

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 001784357	2. The name of the corporation is: SWITCHBOARD PUBLIC BENEFIT CORP.
3. The document to be corrected is: Application for Certificate of Authority	4. The date the document being corrected was originally filed: 1/21/2025
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: The following addresses are inaccurate. Section V: 1 THOMAS CIRCLE NW SUITE 550 SUITE 1110, WASHINGTON, DC 20005 Section VIII (a & b): Eric Mayefsky - 1919 N. NASH ST. APT 2105 ARLINGTON, VA 22209 <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
6. The new corrected portion of the document states as follows: Section V: 1 THOMAS CIRCLE NW SUITE 550, WASHINGTON, DC 20005 Section VIII (a & b): Eric Mayefsky - PO Box 33485 Washington DC 20033 <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes.	

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

MAY 08 2025
BY 459HE
943 PJ

9. Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation

Eric Mayefsky

Date

4/28/2025

Signature of Authorized Officer of the Corporation





State of Rhode Island
Department of State - Business Services Division

REC'D RIDGSD BSD
15 MAY 9 AM 9:44:06

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:

1. The name of the corporation is: SWITCHBOARD PUBLIC BENEFIT CORP.		
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 does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the 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: 4/5/2021		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 1 THOMAS CIRCLE NW SUITE 550, WASHINGTON, DC 20005		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name REGISTERED AGENTS INC		
Street Address (<u>NOT</u> a P.O. Box) 47 WOOD AVE SUITE 2		
City/Town BARRINGTON	State RHODE ISLAND	Zip Code 02806

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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

SWITCHBOARD BUILDS DIGITAL TOOLS FOR CAMPAIGNS.

8. (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):

NAME	ADDRESS
ERIC MAYEFSKY	PO Box 33485 Washington DC 20033
Shreyes Seshasai	PO Box 33485 Washington DC 20033

Check the box to indicate an attachment ☐

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT	ERIC MAYEFSKY	PO Box 33485 Washington DC 20033
VICE PRESIDENT	ERIC MAYEFSKY	PO Box 33485 Washington DC 20033
TREASURER	ERIC MAYEFSKY	PO Box 33485 Washington DC 20033
SECRETARY	ERIC MAYEFSKY	PO Box 33485 Washington DC 20033

Check the box to indicate an attachment ☐

9. 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:

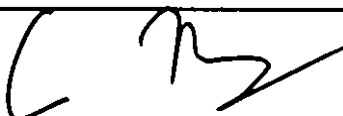
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
10,000,000	CWP		\$ 0.0001

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

2.86 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
14. <i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer Eric Mayefsky	Date 4/28/2025
Signature of Authorized Officer of the Corporation 	



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:

May 08, 2025 09:43 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

