

State of Rhode Island

Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

REC'D RIDCS BSD

Pursuant to the provisions of RIGL <u>7-1.2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| 1. Entity ID Number: | 2. The name of the corporation | n is: | |
|--|--|---|--|
| 001745060 | Astronomer, Inc. | | |
| 3. It is incorporated under the laws of: | | 4. List the date the Certificate of Authority was issued by the RI Department of State: | |
| DELAWARE | | 08-19-2022 | |
| 5. If the entity's name has character the new name: | anged, | | |
| | | Check box to indicate no change X | |
| | ch it elects to use in Rhode Islan | | |
| "incorporated," or "limited," or above corporate endings for (b) If the corporate name is no corporation will transact busing application: | r an abbreviation thereof, then lisuse in Rhode Island: not available in Rhode Island, the ness in Rhode Island as stated in | ation does not contain the word "corporation," "company," it the name of the corporation with the addition of one of the in set forth below the fictitious name under which the in the "Fictitious Business Name Statement" to be filed with this | |
| 7. If the entity's purpose is chansacted in the State of Rhode | | ection: *The new purpose should include ALL activity to be | |
| Check the box to indicate an | attachment | Check box to indicate no change X | |
| | | | |

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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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 151 - Revised: 3/2024

| NUMBER OF SHARES | CLASS | SERIES | PAR VALUE | PAR VALUE OR STATE NO PAR VALUE | |
|--|--|--|---|--|--------------------|
| | | | | | |
| Check the box to indicate | | | | box to indicate | no change |
| 8a. An estimate, as a per of the corporation to be lo of all property of the corpo (Note: Percentage obtains | cated within this state doration to be owned duri | uring the following year be | ears to the value | 0.55 | % % |
| 8b. An estimate, as a per be transacted by the corp the following year compar corporation during the foll | oration at or from places red to the gross amount | s of business in Rhode Islathereof which will be trans | and during sacted by the | 0 | % |
| 9. As required by RIGL 7- | 1.2-105, the corporation | has paid all fees and tax | es. | | |
| 10. Except as herein mod hereby confirmed, ratified | lified, the original Application and incorporated by ref | ation for Certificate of Auth ference into this Application | nority continues in on for Amended Ce | full force and effectificate of Author | fect and is ority. |
| 11. Date when the Amend | ded Certificate of Author | ity will be effective: CHEC | K ONE BOX ONL | Υ | <u> </u> |
| X Date received (Upon | filing) | | | | |
| Later effective date (| Date must be no more t | han 90 days from the date | e of filing) | <u> </u> | _ _ |
| 12. Under penalty of perjoincluding any accompany | ury, I declare and affirm ring attachments, and th | that I have examined this at all statements containe | Application for Am d herein are true a | ended Certificat and correct. | te of Authority |
| Name of Authorized Offic | er of the Corporation | | | Date | |
| MIKE LEBLANC | | | | 04/29/2025 | |
| Signature of Authorized C | Officer | | | | edemorate |

8. If there has been an increase in the authorized shares of the corporation complete the following section:

Entity Name: Astronomer, Inc.

As of April, 14th, 2025

| CLASS | SERIES | PAR VALUE | NUMBER AUTHORIZED | NUMBER ISSUED |
|-----------|---------------|-----------|-------------------|---------------|
| COMMON | - | 0.00001 | 940,000,000 | 118,556,306 |
| PREFERRED | Α | 0.00001 | 89,659,682 | 89,659,682 |
| PREFERRED | В | 0.00001 | 125,563,270 | 125,563,270 |
| PREFERRED | SEED | 0.00001 | 55,228,274 | 55,228,274 |
| PREFERRED | SEED A-1 | 0.00001 | 5,388,770 | 5,388,770 |
| PREFERRED | SEED A-2 | 0.00001 | 4,592,020 | 4,271,824 |
| PREFERRED | SEED A-3 | 0.00001 | 34,294 | 34,294 |
| PREFERRED | SEED A-4 | 0.00001 | 1,157,630 | 1,108,369 |
| PREFERRED | SEED B-1 | 0.00001 | 23,750,000 | 23,750,000 |
| PREFERRED | SEED B-2 | 0.00001 | 15,200,488 | 14,608,619 |
| PREFERRED | C-1 | 0.00001 | 57,324,837 | 57,324,837 |
| PREFERRED | C-2 | 0.00001 | 9,359,452 | 9,359,452 |
| PREFERRED | C-3 | 0.00001 | 56,292,853 | 56,292,853 |
| PREFERRED | D | 0.00001 | 107,063,973 | 107,063,973 |

RI SOS Filing Number: 202573178230 Date: 5/15/2025 2:47:00 PM



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 15, 2025 02:47 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

