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

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

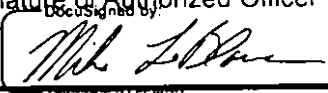
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MAY 15 2025

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By

FORM 151 - Revised: 3/2024

8. If there has been an increase in the authorized shares of the corporation complete the following section: *List ALL authorized shares as of this amendment.			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Check the box to indicate an attachment ☒		Check box to indicate no change	
8a. 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. <i>(Note: Percentage obtained from worksheet.)</i>			0.55 _____ %
8b. 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. <i>(Note: Percentage obtained from worksheet.)</i>			0 _____ %
9. As required by RIGL 7-1.2-105, the corporation has paid all fees and taxes.			
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.			
11. Date when the Amended 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) _____			
12. Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation			Date
MIKE LEBLANC			04/29/2025
Signature of Authorized Officer 			

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	A	0.00001	89,659,682	89,659,682
PREFERRED	B	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