RI SOS Filing Number: 202573179570 Date: 5/15/2025 2:47:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025 AMENDED
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001752869	MCBURBEROD FINANCIAL, INC.

3. Principal Office Address	City	State	Zip
1100 Broadway, Suite 1800	Oakland	CA	94607

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
522291	Holds numerous types of licenses including but not limited to. Collection Agency Licenses, Money Lender Licenses, Loan Servicer Registration, Consumer Finance Licenses Offers CK's U.S Credit Karma Credit Builder product through a partnership with Cross River Bank, an FDIC member. Also holds ownership interests in its wholly owned subsidiary Seed Financial Intermediate SPV, LLC.
5. State of Incorporation: Delaware	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment X

President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	0	Common	N/A

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. **FILED**

Name of Authorized Representative	Date
ALEX BISHOP, ATTORNEY-IN-FACT	05/06/2025

Signature of Authorized Representative

MAY 15 2025
BY KJ
247

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

FORM 630- Revised: 12/2023

Management Structure (Updated)

ADDRESS: 1100 Broadway, Suite 1800, Oakland, CA 94607-4192

TITLE **NAME**

CEO/CFO/Treasurer/Director: James Joseph McGinley IV
President/Secretary/Director: Gannesh Bharadhwaj
CTO: Rodrigo Cunha Lima Menezes

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 15, 2025 02:47 PM

Gregg M. Amore
Secretary of State