RI SOS Filing Number: 202573632390 Date: 5/27/2025 4:00:00 PM

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|---|--|------------------|------------------|------------------------|---------------|-----------------|
| State of Rhode Island | • | | | <u>7</u> | 2 EC | |
| Department of State - Business Services Division | | | | | | |
| Annual Report for the year: Corporation Filing period: February 1 - May 1 Filing Fee: \$50.00 MAY 27 2025 BY ZMQ16 | | | | | | |
| Corporation → Filing period: February 1 - May 1 BY ZMQ16 | | | | | | |
| → 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 OO 1767205 Agile GxP Technologies Inc | | | | | | |
| 3. Principal Office Address | 3 | | City | -0 | State | Zip |
| 209 Unive | | Ave | Pro | 1 | RI | 82986 |
| 4. NAICS Code | | | | conducted in Rhode Isl | | , |
| 54/313 | Resure | h and De | welge | men of Soft | ware a | und |
| 5. State of Incorporation | Reserved and Development of Software and Methods fulfilling unmet needs in Process Judustries for the autoquatic gene cation of that soft wave | | | | | |
| | for the | antraud | ic sens | cation of the | lay So | It wasse |
| 7. List ALL officers (names and add | lresses) | | | Check the box | to indicate a | an attachment 🗖 |
| President Name | | | Vice-Presider | nt Name | | |
| Street Address 709 Win versity Aul | | | Street Address | | | |
| | State / | Zip 02906 | City | | State | Zip |
| Secretary Name | | | Treasurer Name | | | |
| Street Address | | | Street Address | | | |
| | Ye. | | | | Io. | -1- |
| City | State | Zip | City | | State | Zıp |
| 8. List ALL directors (names and ac | ldresses) | <u>.</u> | | | to indicate a | an attachment 🔲 |
| Director Name Director Name | | | | | | |
| Street Address 209 Um' versity Ave | | | Street Address / | | | |
| City Prost | State | Zip 2906 | City | | State | Zip |
| Director Name | /. | 102100 | Director Nam | ne / | | 1 |
| n/a | | | n/9 | | | |
| Street Address / | | | Street Addres | ss / | | |
| City | State | Zıp | City | | State | Zip |
| 9. Shares Authorized | 1 | 10. Shares Issue | | Check the bo | x to indicate | an attachment |
| This information is currently of reco | d in the | NUMBER OF S | HARES | CLASS/SERIES | | PAR VALUE |
| Department of State. | | 2,000, | 00.000 | Ð. | | .0100 |
| Changes require an additional fillng. | | | | | | |
| 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. Name of Authorized Representative Date | | | | | | |
| J. Ma C. Spohn | | | | | 27 May 2025 | |
| Signature of Authorized Representative | | | | | | |
| | | | | | | |

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

Website: www.sos.ri.gov