RI SOS Filing Number: 202576277930 Date: 6/25/2025 12:41:00 PM



## State of Rhode IslandDepartment of State - Business Services Division

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum



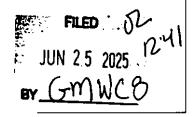
Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:					
SilverRide, Inc.					
2. It is incorporated under the laws of:	er 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:	The date of its incorporation is: 5/23/2022				
And the period of its duration is: CHECK ONE BOX ONLY    Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
425 Divisadero Street, Suite 201, San Francisco, CA 94117					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Cogency Global Inc.					
Street Address ( <u>NOT</u> a P.O. Box)  222 Jefferson Boulevard					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

## 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 purpo			transaction o	f business in Rhode Island are:
		· · · · · · · · · · · · · · · · · · ·	•	•••
8. (a) The names and re state or country of which	spective addresses of its of it is incorporated).	directors (op	tional, unless	directors are required under the laws of the
NAME				ADDRESS
Jeff Maltz 425 Di		425 Divi	sadero St Sui	te 201 San Francisco, CA 94117
			, <u></u>	
9 (h) The names and so				Check the box to indicate an attachment
of the state or country of	which it is incorporated):	principal offic	cers (mandato	ory if directors are not required under the laws
OFFICE	NAME		ADDRESS	
PRESIDENT 	Jeff Maltz		425 Divisadero St Suite 201 San Francisco, CA 94117	
VICE PRESIDENT				
TREASURER				
SECRETARY	Jeff Maltz		425 Divisa	adero St Suite 201 San Francisco, CA 94117
				Check the box to indicate an attachment
9. The aggregate number par value, and series, if	er of shares which it has au any, within a class, is:	uthority to is:	sue; itemized	by classes, par value of shares, shares without
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE
8.000,000	Common			.0001
located within this state (	rcentage, of the proportion during the following year bever located. (Note: Perceiver	pears to the	value of all pro	e of the property of the corporation to be operty of the corporation to be owned during sheet.)
2.17 %				
at or from places of busing		ng the follow	ing year com	business to be transacted by the corporation pared to the gross amount thereof which will be btained from worksheet.)

12. This application must be accompanied by a <u>Certificate of Good Stand</u> formation dated within 60 days of the date of this filing.	ding/Letter of Status from the state or country of			
13. Date when the 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)				
14. Under penalty of perjury, I declare and affirm that I have examined the any accompanying attachments, and that all statements contained herein				
Type or Print Name of Authorized Officer	Date			
Jeff Maltz	6/24/2025			
Signature of Authorized Officer of the Corporation				
/S/ Jeff Maltz				

## Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "SILVERRIDE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILVERRIDE,

INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204000673

C. G. Sancher

Date: 06-20-25

6815835 8300 SR# 20253136555 RI SOS Filing Number: 202576277930 Date: 6/25/2025 12:41:00 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:

June 25, 2025 12:41 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

