State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2025						25.5 65.5 65.5 65.5 65.5 65.5 65.5 65.5		
Corporation						- \$2m - \$2m		
→ Filing period: Februa → Filing Fee: \$50.00 → Penalty: Additional \$2		it filed by May 31.				5.63 26.00		
1. Entity ID Number 001748380	2. Exact name	e of the Corporation	n			<u> </u>		
3. Principal Office Address		,	City		State		Zip	
1916 AVENUE X, APT 3B				OKLYN	NY		1123	
4. NAICS Code	6. Brief descri	ption of the charac	ter of busine	ss conducted in Rhode	l Island		.1	
541511		PROVIDING SOFTWARE AS A SERVICE						
5. State of Incorporation DELAWARE		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(LAOA)	SERVICE				
7. List ALL officers (names a	nd addresses)		-	Check the	box to ind	icate an a	ttachment	
President Name YOSSI KAHLON			Vice-Pres	Vice-President Name				
Street Address 1916 AVENUE X, APT 3B				Street Address				
City BROOKLYN	State NY	Zip 11235	City	·	State		Zip	
Secretary Name			Treasurer	Treasurer Name				
Street Address				Street Address				
City	State	Zip	City	·	State	 	Ζip	
8. List ALL directors (names	and addresses)		·	Check the	box to ind	icate an a	ttachment	
Director Name EYAL MANOR				Director Name DROR NAHUMI				
Street Address 1916 AVENUE X, APT 3B				Street Address 1916 AVENUE X, APT 3B				
^{City} BROOKLYN	State NY	^{Zip} 11235	Crty BROOKLYN		State	NY	Zip 1123	
Director Name YOSSI KAHLON				Director Name				
Street Address 1916 AVENUE X, APT 3B				Street Address				
^{City} BROOKLYN	State NY	^{Zip} 11235	City	•	State	State Zi		
9. Shares Authorized This information is authority of	f manad in the	10. Shares Issi NUMBER OF	ued			licate an a	ttachment	
This information is currently of record in the Department of State. Changes require an additional filing.		9,038,869	SHARES	COMMON 0.000		0.000	PAR VALUE 01	
		7,032,945		PREFERRED		0.00001		
11. This report must be exect ceiver or trustee, this report r	nust be executed on t	ehalf of the corpor	ration by the	receiver or trustee.				
Under penalty of perjury, i	declare and affirm th	at I have examine	ed this repoi	rt, Including any acco	mpanyin	g schedu	les and	
statements, and that all sta Name of Authorized Represe	remenus contain eo r ntative	ा ज था। बाच एप ६ बा।	u COTTECT. Ç	ILED	Date			

EYAL MANOR (CEO) 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

ATTACHMENT

2025 RHODE ISLAND ANNUAL REPORT

SQUID CLOUD, INC. (001748380)

7. ADDITIONAL LIST OF OFFICERS:

NAME: NIR PELED

TITLE: CTO

ADDRESS: 1916 AVENUE, APT 3B

BROOKLYN, NY 11235

NAME: EYAL MANOR

TITLE: CEO

ADDRESS: 1916 AVENUE, APT 3B

BROOKLYN, NY 11235