



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D  
25 JUL 11 11:03:07  
SOS

1. Entity ID Number 001748380		2. Exact name of the Corporation SQUID CLOUD, INC.			
3. Principal Office Address 1916 AVENUE X, APT 3B			City BROOKLYN	State NY	Zip 11235
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island PROVIDING SOFTWARE AS A SERVICE			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name YOSSI KAHLON			Vice-President Name		
Street Address 1916 AVENUE X, APT 3B			Street Address		
City BROOKLYN	State NY	Zip 11235	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	City BROOKLYN	State NY	Zip 11235
Director Name YOSSI KAHLON			Director Name		
Street Address 1916 AVENUE X, APT 3B			Street Address		
City BROOKLYN	State NY	Zip 11235	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		9,000,000		COMMON	0.00001
		7,032,945		PREFERRED	0.00001
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.					
<b>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.</b>					
Name of Authorized Representative EYAL MANOR (CEO)			FILED		Date 11/3/2025
Signature of Authorized Representative <i>Eyal Manor</i>			JUL 09 2025 SKYKCP		

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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## **ATTACHMENT**

### **2024 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