



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

AMENDED

→ 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 RI SOS BUS
25 JUL 30 PM 1:10:38

ST/...

1. Entity ID Number 000162218		2. Exact name of the Corporation TimePayment Corp.			
3. Principal Office Address 400 TradeCenter, Suite 6950			City Woburn	State MA	Zip 01801
4. NAICS Code 522298		6. Brief description of the character of business conducted in Rhode Island Leasing			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Nitin Sikka			Vice-President Name		
Street Address 400 TradeCenter, Suite 6950			Street Address		
City Woburn	State MA	Zip 01801	City	State	Zip
Secretary Name Nitin Sikka			Treasurer Name Filippo Guidi		
Street Address 400 TradeCenter, Suite 6950			Street Address 400 TradeCenter, Suite 6950		
City Woburn	State MA	Zip 01801	City Woburn	State MA	Zip 01801
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name Filippo Guidi			Director Name		
Street Address 400 TradeCenter, Suite 6950			Street Address		
City Woburn	State MA	Zip 01801	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
			3,000		3,000
					PAR VALUE \$0.01
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 Kara Korosec, Attorney-in-Fact					Date 7/22/2025
Signature of Authorized Representative <i>Kara Korosec</i>					

FILED 1:10 P

JUL 30 2025

BY

CB



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:

July 30, 2025 01:10 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

