State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

AMENDED

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1. Entity ID Number	2. Exact name of the Corporation
000162218	TimePayment Corp.

3. Principal Office Address	City	State	Zip
400 TradeCenter, Suite 6950	Woburn	MA	01801

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
522298	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
3,000	3,000	$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	Date
Kara Korosec, Attorney-in-Fact	7/22/2025

Signature of Authorized Representative: Kara Korosec

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JUL 30 2025

BY CB

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

FORM 630- Revised: 12/2023