RI SOS Filing Number: 202577901500 Date: 8/28/2025 2:35:00 PM

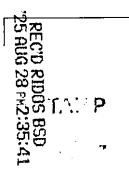


Department of State - Business Services Division

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:						
K12 Tutoring, Inc.						
2. It is incorporated under 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: 03/22/2023						
And the period of its duration is: CHECK ONE BOX ONLY X Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is:						
11720 Plaza America Drive, 9th Floor, Reston, Virginia 20190						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name C T Corporation System						
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A						
City/Town East Providence	State RHODE ISLAND	Zip Code 02914				

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 purposes which it proposes to pursue in the transaction of business in Rhode Island are:							
Online tutoring services.							
8 (a) The names and re	enective addr	seese of ite d	irectors (or	ational unless	directors are	required under the laws	of the
state or country of which			nectors (or	Monal, unless	unectors are	required unider the laws	OI (IIE
NAME			ADDRESS				
Donna M. Blackman 11720 Plaza America		America Dr	ive, 9th Floor, F	teston, Virgin	ia 20190		
Sandra Y. Ha		11720 Plaza	11720 Plaza America Drive, 9th Floor, Reston, Virginia 20190				
							·
					<u></u>		
					Check the	box to indicate an attach	ment
8. (b) The names and re of the state or country of			rincipal offi	cers (mandato	ry if directors	s are not required under the	he laws
OFFICE	NAME			ADDRESS			
PRESIDENT							
VICE PRESIDENT	Patrick R. Neeman		11720 Plaza America Drive, 9th Floor, Reston, Virginia 20190				
TREASURER							
SECRETARY	John C. Grothaus		11720 Plaza America Drive, 9th Floor, Reston, Virginia 20190				
				.	Check the	e box to indicate an attacl	hment
The aggregate numb par value, and series, if			thority to is	sue; itemized l	oy classes, p	par value of shares, share	s without
NUMBER OF SHARES	CLAS			SERIES	PA	R VALUE OR STATE NO PAR	VALUE
5,000,000	Common			\$0.0	000100		
			-				
	-						
		<u></u>			<u> </u>		
located within this state	during the follo	owing year be	ears to the	value of all pro	perty of the	erty of the corporation to be corporation to be owned or	
the following year, wherever located. (Note: Percentage obtained from worksheet.)							
<u> </u>							
11. An estimate, as a percentage , of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (<i>Note: Percentage obtained from worksheet.</i>)							
<u> </u>							

12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY				
X 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 exa any accompanying attachments, and that all statements contain	· · · · · · · · · · · · · · · · · · ·			
Type or Print Name of Authorized Officer	Date			
John C. Grothaus	8/27/2025 3:35 PM PDT			
Signature of Authorized Officer of the Corporation				
John C. Grothaus				
CARGOGE DO A 714R1				

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

OF DELAWARE, DO HEREBY CERTIFY "K12 TUTORING, 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 TWENTY-EIGHTH DAY OF AUGUST, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204600900

C. B. Sanchez

Date: 08-28-25

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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:

August 28, 2025 02:35 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

