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Number: 202338752060 Date: 6/26/2023 12:16:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022 Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

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→ Penalty: Additional \$25.0 ———	0 fee if form is not	filed by May 31.				₽,		
1. Entity ID Number 001694726	2. Exact name Tidelift, I	of the Corporation			•			
3. Principal Office Address			City		State	Žιρ		
50 Milk St., 16th Floor	50 Milk St., 16th Floor		Boston		MA	02109		
4. NAICS Code	6. Brief descri	6. Brief description of the character of business conducted in Rhode Island						
511210	Provide so	Provide software as a service for professional development teams						
5. State of Incorporation		. 121122 Solution do a contras for professional development teams						
DE								
7. List ALL officers (names and	addresses)		_		k the box to ind	icate an attachment 🔲		
Donald Fisci	President Name Donald Fischer			Vice-President Name				
Street Address 50 Milk St., 1	6th Floor		Street Addres	S	•			
^{City} Boston	State MA	^{Zip} 02109	City		State MA	^{Zip} 02109		
Secretary Name Luis Villa IV	•		Treasurer Nar	Treasurer Name Jeremy Katz				
Street Address 50 Milk St., 1	Street Address 50 Milk St., 16th Floor		Street Address 50 Milk St., 16th Floor					
Cily Boston	State MA	^{Zip} 02109			State MA	^{Z_{ip}} 02109		
8. List ALL directors (names and	d addresses)				k the box to ind	icate an attachment 🔲		
Director Name Robert Pennington			Director Name					
Street Address 50 Milk St., 16th Floor			Street Address					
City Boston	State MA	^{Z₁p} 02109	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	<u></u>	10. Shares Issu	<u> </u>	Chec	k the box to ind	icate an attachment 🔽		
This information is currently of re Department of State.	ecord in the	NUMBER OF	SHARES CLASS/SERIES PAR VALUE					
Department of State.		9,152,32	25	CWP		0.0010		
Changes require an additional fil	Ing.							
11. This report must be execute					poration is in the	e hands of a receiver or		
trustee, this report must be exe Under penalty of perjury, I de					ompanying sch	edules and		
statements, and that all state	ments contained i							
Name of Authorized Representative Donald Fischer				Date Dec 21, 2022				
Signature of Authorized Repres	entative	<u>.</u>	ייי ב ט	·				
Patal	·		FILED					
		•		/2023				

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: 11/2021

Shares Issued	Class/Series	Par Value
6,699,778	PWP /A	0.0010
5,841,912	PWP/B	0.0010

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