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## Statement of Abandonment of Use of Fictitious Business Name

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to RIGL <u>7-1.2-402</u>, the undersigned business corporation hereby abandons the use of a fictitious business name in the transaction of business in the state of Rhode Island and submits the following:

| 1. Entity ID Number:  | 2. The name of the Corpora | 2. The name of the Corporation is: |                      |  |
|---|----------------------------|------------------------------------|----------------------|--|
| 001744742   | Payward Ventures, Inc.     |                                    |                      |  |
| 3. List the fictitious busine   | ess name to be abandoned:  |                                    |                      |  |
| Kraken  |                            |                                    |                      |  |
| 4. The date when the original fictitious name statement was filed is:                             |                            |                                    |                      |  |
| 08/11/2022  |                            |                                    |                      |  |
| 5. List the state or country the entity is incorporated in:                                       |                            | 6. List the date of incorporation: |                      |  |
| Delaware  |                            | 07/01/2013                         |                      |  |
| 7. List the address of its registered office within Rhode Island:                                 |                            |                                    |                      |  |
| Street Address<br>450 Veterans Memorial Highway, Suite 7A   |                            |                                    |                      |  |
| City<br>East Providence   |                            | State<br>RHODE ISLAND              | <sup>Zıp</sup> 02914 |  |
| 8. Under penalty of perjury, I declare that the information contained herein is true and correct. |                            |                                    |                      |  |
| Name of Authorized Officer of the Corporation   |                            |                                    | Date                 |  |
| Lauren Benjamin, Secretary  |                            |                                    | 07 May 2024          |  |
| Signature of Authorized Officer of the Corporation  |                            |                                    |                      |  |

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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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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:

May 10, 2024 11:48 AM

Areg M. Couve

Gregg M. Amore Secretary of State

