

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000005601

Entity Name: KLAVIYO, INC.,

Current Principal Place of Business:

125 SUMMER ST
6TH FLOOR
BOSTON, MA 02110

FILED
Feb 24, 2023
Secretary of State
7082373908CC

Current Mailing Address:

125 SUMMER ST
6TH FLOOR
BOSTON, MA 02110 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LAYNE, STEFANIE
Address 125 SUMMER ST
 6TH FLOOR
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name CERAN, JENNIFER
Address 125 SUMMER ST
 6TH FLOOR
City-State-Zip: BOSTON MA 02110

Title SECRETARY
Name EDMOND, LANDON
Address 125 SUMMER ST
 6TH FLOOR
City-State-Zip: BOSTON MA 02110

Title PRESIDENT/CEO, DIRECTOR
Name BIALECKI, ANDREW
Address 125 SUMMER ST
 6TH FLOOR
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name WEISMAN, TONY
Address 125 SUMMER ST
 6TH FLOOR
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name HALLEN, EDWARD
Address 125 SUMMER ST
 6TH FLOOR
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name LI, PING
Address 125 SUMMER ST
 6TH FLOOR
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name MEDICI, MICHAEL
Address 125 SUMMER ST
 6TH FLOOR
City-State-Zip: BOSTON MA 02110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BIALECKI, ANDREW

PRESIDENT

02/24/2023

Electronic Signature of Signing Officer/Director Detail

Date