

Certificate of Authority FOREIGN Corporation → Filing Fee: \$310.00 minimum Pursuant to the provisions of RIGL 7-1,2-1405, 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: SpectraMD USA, 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: 03/14/11 And the period of its duration is: CHECK ONLY ONE BOX

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Date certain for dissolution

✓ Perpetual (on-going)

50 Millstone Road, Building# 400 Suite 110, East Windsor, NJ 08520

6. The name and address of the initial registered agent/office of in Rhode Island:

Agent Name National Registered Agents, Inc.

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway

City/Town East Providence

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

FORM 150 - Revised: 08/2016

	poses which it proposes to pursue in	the transaction of b	usiness in Rhode Island are:	
11 Neattiicare Solution	ns and any lawful business.			
8. (a) The names and r state or country of whic	espective addresses of its directors ch it is incorporated):	(optional, unless dir	rectors are required under the laws of the	
NAME		ΑΓ	DDRESS	
RAJIV LAKHANPAL	50 MILLSTONE RO	DAD, BLDG 400, E/	AST WINDSOR, NJ	
Sushma Lakhanpal	50 MILLSTONE RC	DAD, BLDG 400, E/	AST WINDSOR, NJ	
Jaswinder Chadha	50 MILLSTONE RC)AD, BLDG 400, E/	AST WINDSOR, NJ	
Sandeep Tyagi	50 MILLSTONE RC	DAD, BLDG 400, E/	AST WINDSOR, NJ	
			Check the box to indicate an attachment.	
of the state or country of	respective addresses of its principal of which it is incorporated):	officers (mandatory	if directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	RAJIV LAKHANPAL	50 MILLSTONE	E ROAD, BLDG 400, EAST WINDSOR, NJ	
VICE PRESIDENT				
TREASURER				
SECRETARY	SUSHMA LAKHANPAL	50 MILLSTONE	50 MILLSTONE RD, BLDG 400 EAST WINDSOR, NJ	
			Check the box to indicate an attachment.	
9. The aggregate numb- par value, and series, if	er of shares which it has authority to any, within a class, is:		classes, par value of shares, shares without	
NUMBER OF SHARES 18,250,000	CLASS COMMON	SERIES	PAR VALUE OR STATE NO PAR VALUE NO PAR VALUE	
8,250,000	PREFERRED		NO PAR VALUE	
			-	
	llars, the value of all property to be		ollars, the value of the corporation's property	
owned by the corporation located:	on for the following year, wherever		in Rhode Island during the following year:	
\$ 2,563,000		\$_0		
within this state during the	entage, the proportion that the estime the following year bears to the value r located. Note: Divide (10b) by (10a)	of all property of the	roperty of the corporation to be located se corporation to be owned during the 00 to obtain the percentage.	

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.	
\$ <u>5,500,000</u>	\$	
(c) Estimate, as a percentage, the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. <i>Note percentage</i> .	I amount of business to be transacted by the corporation at or g year compared to the gross amount thereof which will be e: Divide (11b) by (11a) and multiply by 100 to obtain the	
9%%		
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporate	f Good Standing/Letter of Status issued by the proper officer of d that is dated within 60 days of the filing of this document.	
13. Date when the Certificate of Authority will be effective: C	HECK ONLY ONE BOX	
✓ Date received (Upon filing)		
Later effective date (Date must be no more than 90 day	s from the day of filing)	
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contains	amined this Application for Certificate of Authority, including any ed herein are true and correct.	
Type or Print Name of Authorized Officer	Date	
Sushma Lakhanpal	07/27/17	
Signature of Authorized Officer of the Corporation **YOWA Lacuped** SIGN DOC!	JMENT HERE	

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SPECTRAMD USA 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-SEVENTH DAY OF JULY, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPECTRAMD USA INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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4953464 8300 SR# 20175450271

Authentication: 202962000

Date: 07-27-17