RI SOS Filing Number: 202072071050 Date: 11/5/2020 12:19:00 PM

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 NOV -5 P 12: 19:

State of Rhode Island Department of State - Business Se	ervices Division	
Application for Certificate of Author FOREIGN Business Corporation	rity	
→ Filing Fee: \$310.00 minimum		
Pursuant to the provisions of RIGL 7-1.2-1405, the u applies for a Certificate of Authority to transact busin for that purpose submits the following statement:	ndersigned foreign corporation hess in the State of Rhode Island	ereby and
The name of the corporation is:		
Lenoss Medical, Inc.		
2. It is incorporated under the laws of: Delaware	· · · · · · · · · · · · · · · · · · ·	
3. The name, if different, which it elects to use in RI	node Island is:	
(a) If the name of the corporation in its jurisdiction on "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rhofel with this application:	of, then list the name of the corporation of the corporation is then set forth below the fice	titious name under which the
4. The date of its incorporation is: October 31, 20	20	
And the period of its duration is: CHECK ONE BOX Repetual (on-going)	CONLY	
Date certain for dissolution		
The address of its principal office is: 495 Hope Bristol, Ri		
6. The name and address of the initial registered ag	ent/office in Rhode Island:	
Agent Name Douglas G. Gray, Esq.		
Street Address (NOI a P.O. Box) c/o Locke Lon	d LLP, 2800 Financial Plaza	
City/Town Providence	State RHODE ISLAND	Zip Code 02903

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

NOV 0 5 2020

BY 5812C

FORM 150 Revised 08/2020

A.A. 12:19 PM

o. (a) The names and re State or country of which		directors (opt	ional, unless direc	tors are required under the laws of the
NAME	,	ADDRESS		RESS
Dominique D. Messeril 25 Poppas		squash Road	d, Bristol, RI 0280)
-	· · · · · · · · · · · · · · · · · · ·			
				the banks indicate an attachment
B. (b) The names and re	espective addresses of its p	principal office		eck the box to indicate an attachment lirectors are not required under the laws
OFFICE	NAME	T		ADORESS
X800000000 Chief Executive Officer	Dominique D. Messerli		25 Poppasquash	Road, Bristol, RI 02809
VICE PRESIDENT				
TREASURER				
SECRETARY	Douglas G. Gray, Esq.		c/o Locke Lard LLP	, 2800 Financial Plaza, Providence, RI 02903
			Cł	eck the box to indicate an attachment
The aggregate numb par value, and series, if	er of shares which it has a any, within a class, is:	uthority to iss	ue; Itemized by cla	sses, par value of shares, shares withou
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE
200,000 Class	s A Voting Common Stock	Class A Voti	ng Common	\$0.001
60,000 Class	B Non-voting Common Stock	Class B Non-	voting Common	\$0.001
100,000	Preferred Stock			\$0.001

 This application must be accompanied by a <u>Certificate of Good Star</u> formation dated within 60 days of the date of this filing. 	nding it etter 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)
Under penalty of perjury, I declare and affirm that I have examined this a secompanying attachments, and that all statements contained herein as	Amplication for Contiferate of Authority in the
Type or Price Name of Authorized Officer	Date
Type or Print Name of Authorized Officer Dominique D. Messerfi, Chief Executive Officer	November 2, 2020

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "LEMOSS MEDICAL, 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 THIRD DAY OF NOVEMBER, A.D. 2020.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203996625

Date: 11-03-20

6398980 8300

SR# 20208188704

RI SOS Filing Number: 202072071050 Date: 11/5/2020 12:19:00 PM



I, NELLIE M. GORBEA, 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:

November 05, 2020 12:19 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

