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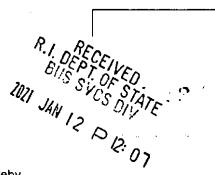
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of RIGL <u>7-1,2-1405</u>, 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:

The name of the corporation is:	····				
Urovant Sciences, Inc.					
2. It is incorporated under the laws of: Delaware	9				
3. The name, if different, which it elects to use in Rh	ode Island is:				
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:	fincorporation does not contain of, then list the name of the corp	the word "corporation", "company", oration with the addition of one of the			
(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: 11/09/2016					
And the period of its duration is: CHECK ONE BOX	ONLY				
Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
5281 California Avenue, Suite 100, Irvine, CA 926	617				
6. The name and address of the initial registered ag	ent/office in Rhode Island:				
Agent Name Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

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

12:07

JAN 1 2 2021

FORM 150 - Revised 12/2017

Residence of the state or country of which it is incorporated): NAME ADDRESS James Robinson S281 California Avenue, Suite 100, Irvine, CA 92617 Check the box to indicate an attachment B. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated): OFFICE NAME ADDRESS PRESIDENT James Robinson S281 California Avenue, Suite 100, Irvine, CA 92617 Check the box to indicate an attachment B. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated): OFFICE NAME ADDRESS PRESIDENT James Robinson S281 California Avenue, Suite 100, Irvine, CA 92617 VICE PRESIDENT Ajay Bansal S281 California Avenue, Suite 100, Irvine, CA 92617 TREASURER Christine Ocampo S281 California Avenue, Suite 100, Irvine, CA 92617 SECRETARY Bryan Smith S281 California Avenue, Suite 100, Irvine, CA 92617 Check the box to indicate an attachment Check the box to indicate an attachment Check the box to indicate an attachment President of Shares Shares CLASS SERIES PAR VALUE OR STATE NO PAR VALUE 1,000 Common S0.1 10 An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be covered during the following year wherever located. (Note: Percentage obtained from worksheet.) 0 9. The astimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation during the following year: (Note: Percentage obtained from worksheet.) 1.0.50				the transaction of	business in Rhode Island are:	
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12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Statu</u> formation dated within 60 days of the date of this filing.	s from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
✓ 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 Application for Certificaccompanying attachments, and that all statements contained herein are true and correct.	ficate of Authority, including any
Type or Print Name of Authorized Officer	Date
Christine Ocampo	01/08/2021
Signature of Authorized Officer of the Corporation	
Christine &. Ocampo SIGN DOCUMENT HERE	



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

DELAWARE, DO HEREBY CERTIFY "UROVANT SCIENCES, 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 TWELFTH DAY OF JANUARY, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UROVANT SCIENCES, INC." WAS INCORPORATED ON THE NINTH DAY OF NOVEMBER, A.D. 2016.

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

Authentication: 202267503

Date: 01-12-21

RI SOS Filing Number: 202185933090 Date: 1/12/2021 12:07:00 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:

January 12, 2021 12:07 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

