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State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2021 APR 5 PM 12:24

**Fictitious Business Name Statement**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number	2. Exact Name of the Corporation <b>Digital Therapeutics, Inc</b>		
3. List the fictitious business name to be used: <b>Quit Genius</b>			
4. List the state or country the entity is incorporated: <b>Delaware</b>	5. List the date of incorporation: <b>11/28/2017</b>		
6. List the address of its registered office within Rhode Island: Street Address <b>21 Kearsarge Drive</b>			
City <b>Cranston</b>	State <b>RHODE ISLAND</b>	Zip <b>02920</b>	
7. List the business in which it is engaged: <b>Digital Cessation program for tobacco, alcohol and opiod addiction.</b>			
8. Applicant is otherwise authorized to do business in the state of Rhode Island. <i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.</i>			
Name of Authorized Officer of the Corporation <b>Ian Edmundson</b>		Date <b>03/31/2021</b>	
Signature of Authorized Officer of the Corporation <div style="text-align: center;">                     DocuSigned by:                        SIGN DOCUMENT HERE  <small>157650D542784D5...</small> </div>			

**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** <sup>m</sup>  
**APR 05 2021** STAMP  
 BY Ch TORAY  
 11:10

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**  
**Nellie M. Gorbea**, *Secretary of State*

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:

April 05, 2021 11:10 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

