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Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

State

RHODE ISLAND

## Application for Certificate of Authority

Application for Certificate of Authority	5年 京岛东
OREIGN Business Corporation	2 0000
→ Filing Fee: \$310.00 minimum	N 25
Pursuant to the provisions of <u>RIGL 7-1.2-1405</u> , the undersigned foreign corporation hereby pplies for a Certificate of Authority to transact business in the State of Rhode Island, and or that purpose submits the following statement:	OF BINE. 08
1. The name of the corporation is:	
Health Innovators 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 "corporatio "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the add above corporate endings for use in Rhode Island:	n", "company", ition of one of the
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name filed with this application:  Health Innovators - Day to Day	Statement" to be
4. The date of its incorporation is: 7/17/18	23 72
And the period of its duration is: CHECK ONE BOX ONLY  Perpetual (on-going)  Date certain for dissolution	R. BUS SVO
5. The address of its principal office is:	PH 057
131 Dartmouth St, c/o Industrious Copley, Boston, MA 02116	STATE STATE PM12: 08
6. The name and address of the initial registered agent/office in Rhode Island:	Ø
Agent Name C T Corporation System	
Street Address (NOT a P.O. Box)	

MAI	! T	O:
		v.

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

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

City/Town East Providence

MAY 0 7 2021 5 TARE RM 150 - Revised: 08/2020

Zip Code 02914

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state or country of which	espective addre n it is incorpora	esses of its ited):	directors (op	otional, unless direc	tors are required under the laws of the	
NAME				ADD	RESS	
Prem Sharma		131 Dartmouth St, c/o Industrious Copley, Boston, MA 02116				
Ali Parsa 1		131 Dartmouth St, c/o Industrious Copley, Boston, MA 02116				
					heck the box to indicate an attachment	
8 (h) The names and re	enective addr	esses of its	principal off		directors are not required under the laws	
of the state or country o	of which it is inc	corporated)	:			
OFFICE		NAME			ADDRESS	
PRESIDENT	Prem Sharm	а		131 Dartmouth St, Industrious Copley, Boston, MA 02116		
VICE PRESIDENT	Ingmar Berg		131 Dartmouth St, Industrious Copley, Boston, MA 02116			
TREASURER	Prem Sharma		131 Dartmouth St, Industrious Copley, Boston, MA 02116			
SECRETARY	Matthew Eckert		131 Dartmouth S	t, Industrious Copley, Boston, MA 02116		
·	<u>.</u>	· · · · · · · · · · · · · · · · · · ·			Check the box to indicate an attachment	
9. The aggregate numb par value, and series, i			authority to i	ssue; itemized by o	classes, par value of shares, shares withou	
NUMBER OF SHARES				SERIES	PAR VALUE OR STATE NO PAR VALUE	
76,297,550	Common		none	_	\$.00001	
57,132,725	Preferred		none		\$.00001	
10. An estimate, as a placated within this state	e during the fol	llowing yea	r bears to the	e value of all prope	the property of the corporation to be rty of the corporation to be owned during et.)	
the following year, who						

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12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.				
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 accompanying attachments, and that all statements contained her				
Type or Print Name of Authorized Officer	Date			
Ingmar Berg, CFO	5/4/2021			
Signature of Authorized Officer of the Corporation  Docusigned by:  [Waynan Burg				

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HEALTH INNOVATORS 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 FOURTH DAY OF MAY, 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 "HEALTH INNOVATORS INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JULY, A.D. 2018.

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

TANYS CONTROL OF THE PARTY OF T

Authentication: 203117633

Date: 05-04-21

6978243 8300 SR# 20211574130

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

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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:

May 07, 2021 12:08 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

