RI SOS Filing Number: 202101171490 Date: 9/9/2021 12:34:00 PM



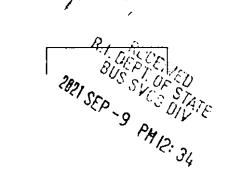
State of Rhode Island

## **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 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:							
Clinical Ink, Inc.							
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: 10/14/2013							
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:							
525 Vine Street, Suite 130, Winston Salem, NC, 27101							
6. The name and address of the initial registered agent/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 C

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7. The purpose or purpo	oses which it pr	roposes to p	pursue in the	e transaction	of busines	ss in Rhode Island are:	
	eSource technology for clinical trial research.						
		•					
9 (a) The names and re	occeptive addre		disactors (n	-tional unipe	a director	s are required under the	lave of the
state or country of which			Oliectora (or	JUONAI, UIRCS	is uirector.	s are required under the	Iaws or the
NAME					ADDRE	SS	
Edward Seguine	,	525 Vine Street, Suite 130, Winston Salem, NC 27101					
	!						
		<u> </u>			Chac	k the box to indicate an a	-4-shmost [
8. (b) The names and re	espective addre	esses of its	nrincipal off	icers (manda		k the box to indicate an a ctors are not required un	
of the state or country o		corporated):				otora ara not raquilla a.	uoi iiio iaii.
OFFICE		NAME		ADDRESS			
PRESIDENT	Douglas Piero	ce		525 Vine St	treet, Suite	e 130, Winston Salem, N	IC, 27101
VICE PRESIDENT							
TREASURER				<del> </del>		· · ·	-
SECRETARY				<u> </u>			
						ck the box to indicate an	
<ol><li>The aggregate number par value, and series, if</li></ol>			uthority to is	ssue; itemized	d by class	es, par value of shares,	shares without
NUMBER OF SHARES	CLAS	S		SERIES		PAR VALUE OR STATE NO	PAR VALUE
1,000	Common S	stock	Authorize	d Shares	Shares \$0.01 par value		
	during the follo	owing year b	bears to the	value of all p	property of	property of the corporation to be ow	
0.00	·	VOIC. FEIGE	maye obtain	Heu hom won	Karieet.j		
<u></u> %							
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be							
transacted by the corpo		te following	year. (Note:	: Percentage	obtainea i	from worksheet.)	

12. This application must be accompanied by a <u>Certificate of</u> formation dated within 60 days of the date of this filing.	Good Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: Ch	IECK 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 exam accompanying attachments, and that all statements contained	nined this Application for Certificate of Authority, including any d herein are true and correct.
Type or Print Name of Authorized Officer	Date
Douglas Pierce	08/30/2021
Signature of Authorized Officer of the Corporation  Signature of Authorized Officer of the Corporation	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLINICAL INK, 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 SECOND DAY OF SEPTEMBER, 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 "CLINICAL INK, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2013.

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

5414699 8300 SR# 20213152545

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

Authentication: 204077614

Date: 09-02-21

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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:

September 09, 2021 12:34 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

