RI SOS Filing Number: 202101278180 Date: 9/10/2021 3:18:00 PM



State of Rhode Island

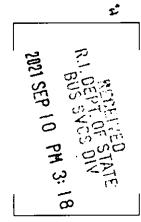
**Department of State - Business Services Division** 

## **Application for Certificate of Authority**

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 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:	<u></u>				
BONESUPPORT INC.					
BONESOFFORT 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: 6/13/2007					
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:					
185 Alewife Brook Parkway, suite 210 Cambridge, MA 02138					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name C T Corporation System					
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Highway Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code 02914			

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
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FORM 150 - Revised: 08/2020

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7. The purpose or purp	oses which it proposes	to pursue in the	transaction of	business in Rhode Island are:
Medical Technology Co	mpany dedicated to the	e development o		ne-like materials for the treatment of various
defects, including fragili	ty fractures caused by	osteoporosis.		
0 ( ) 7		tra di da da da		d
8. (a) The names and r state or country of whic	•	rits directors (or	otional, unless	directors are required under the laws of the
NAME		ADDRESS		
Emil Billbäck 185 Alev		ewife Brook Par	kway, suite 21	0 Cambridge, MA 02138
				· · · · · · · · · · · · · · · · · · ·
-			<del></del>	
9 (h) The names and s	oonootius addresses si	f ita principal offi	icore (mandato	Check the box to indicate an attachment
of the state or country of			icers (manualo	ny il directors are not required under the laws
OFFICE	NAME			ADDRESS
PRESIDENT	Emil Billbäck		185 Alewife E	Brook Parkway, suite 21 Cambridge, MA 0213
VICE PRESIDENT				
TREASURER	Hakan Johansson		185 Alewife E	Brook Parkway, suite 21 Cambridge, MA 0213
SECRETARY	Hakan Johansson		185 Alewife E	Brook Parkway, suite 21 Cambridge, MA 0213
	<u> </u>	·	l	Check the box to indicate an attachment
9. The aggregate number par value, and series, it		•	ssue; itemized	by classes, par value of shares, shares withou
NUMBER OF SHARES	· ·		SERIES	PAR VALUE OR STATE NO PAR VALUE
3,000	Common	_		0.01
	-			
<del>-</del>				
ļ <del></del>	<u> </u>			
10. An estimate, as a p	percentage, of the prop	oortion that the	estimated value	e of the property of the corporation to be
located within this state the following year, whe				operty of the corporation to be owned during sheet.)
, ,	·	crocinage obtain	noo nom mom	
<u>0</u>	6			
at or from places of bu	siness in Rhode Island	during the follo	wing year comp	business to be transacted by the corporation pared to the gross amount thereof which will be obtained from worksheet.)
0 %	6			

12. This application must be accompanied by a <u>Certificate</u> formation dated within 60 days of the date of this filing.	of Good Standing/Letter of Status 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 d	ays from the date of filing)
Under penalty of perjury, I declare and affirm that I have e accompanying attachments, and that all statements conta	xamined this Application for Certificate of Authority, including any ined herein are true and correct.
	Date
Hakan Johansson	08/16/2021
Signature of Authorized Officer of the Corporation	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BONESUPPORT 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 JULY, 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 "BONESUPPORT INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 2007.

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

Authentication: 203589187

Date: 07-02-21

4369932 8300 SR# 20212611189

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:

September 10, 2021 03:18 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

