State of Rhode Island
Department of State - Business Services Division

R.I. DEPT. OF STATE RECEIVED BUS SVCS DIV 2021 DEC 13 PM 12:57

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:

Mayne Pharma Inc.

2. It is incorporated under the laws of: North Carolina

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: 03/25/1994

And the period of its duration is: **CHECK ONE BOX ONLY**

[X] Perpetual (on-going)

[ ] Date certain for dissolution

5. The address of its principal office is:

3301 Benson Drive Suite 401, Raleigh, NC 27609

6. The name and address of the initial registered agent/office in Rhode Island

Agent Name
C T Corporation System

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

City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914

FILED
DEC 13 2021
12:57

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 150 - Revised: 08/2020

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Pharmaceutical Preparation Manufacturing Notwithstanding the foregoing, the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of its jurisdiction of incorporation.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated).

NAME	ADDRESS
John Ross	3301 Benson Drive Suite 401, Raleigh, NC 27609
Scott Richards	3301 Benson Drive Suite 401, Raleigh, NC 27609
Richard Offield	3301 Benson Drive Suite 401, Raleigh, NC 27609

Check the box to indicate an attachment ☐

8. (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	John Ross	3301 Benson Drive Suite 401, Raleigh, NC 27609
VICE PRESIDENT		
TREASURER	Richard Offield	3301 Benson Drive Suite 401, Raleigh, NC 27609
SECRETARY	Richard Offield	3301 Benson Drive Suite 401, Raleigh, NC 27609

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100	Common		$0.0100

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 owned during the following year, wherever located. *(Note: Percentage obtained from worksheet.)*

0.03 %

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 corporation during the following year. *(Note: Percentage obtained from worksheet.)*

0.41 %

R[illegible] - 10/26/2020 C T Filing Manager Online

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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 this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer	Date
Richard D. Offield	11/11/2021

Signature of Authorized Officer of the Corporation

Richard D. Offield

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.

Attachment to Rhode Island
Officers & Directors

1	Full Name:	Scott Richards
	Officer/Director:	Officer,Director
	Officer's Title:	CEO
	Business Address:	3301 Benson Drive Suite 401
	City:	Raleigh
	State:	NC
	ZIP Code:	27609

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MAYNE PHARMA INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of March, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of December, 2021.

Elaine F. Marshall

Secretary of State

Scan to verify online.