



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Corporation**

**Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the corporation is Swapt, inc.

**SECTION II**

It is incorporated under the laws of State: DE Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

**SECTION III**

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application*

**SECTION IV**

The date of its incorporation is 4/29/2022

and the period of its duration is ☒ Perpetual ☐

**SECTION V**

The location of its principal office is

No. and Street: 474 COMMERCIAL STREET

City or Town: BOSTON

State: MA

Zip: 02109

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 270 CHAPEL ST

APT 1

City or Town: LINCOLN

State: RI

Zip: 02865

and the name of its proposed registered agent in Rhode Island at that address is ALYSSA DONOVAN

**SECTION VII**

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

**THIS U.S. INDUSTRY COMPRISES ESTABLISHMENTS PRIMARILY ENGAGED IN WRITING.**

MODIFYING, TESTING, AND

SUPPORTING SOFTWARE TO MEET THE NEEDS OF A PARTICULAR CUSTOMER.

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	TREVOR BROWN	1353 S. CARMELINA AVE #212 LOS ANGELES, CA 90025 USA
DIRECTOR	ANDREW SMITH	474 COMMERCIAL ST. BOSTON, MA 02109 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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SECRETARY	TREVOR BROWN	1353 S. CARMELINA AVE #212 LOS ANGELES, CA 90025 USA
DIRECTOR	ANDREW SMITH	474 COMMERCIAL ST. BOSTON, MA 02109 USA

#### SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$0.0000	10,000,000.00

**Signed this 19 Day of January, 2023 at 5:31:52 PM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By TREVOR BROWN

Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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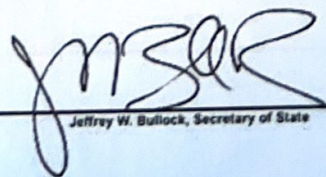
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SWAPT, 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 SIXTH DAY OF JANUARY, A.D. 2023.



  
Jeffrey W. Bullock, Secretary of State

6769735 8300

SR# 20230044970

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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Date: 01-06-23



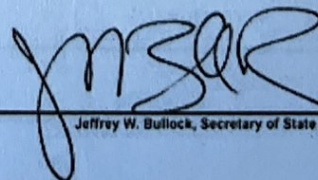
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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, 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:

January 19, 2023 05:30 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

