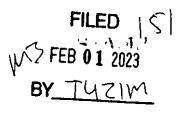
| State of Rhode Island | Nicos Division | |
|--|---|-----------------------------------|
| Department of State - Business Ser | AICES DIVISION | |
| Application for Reservation of Entity | y Name | |
| DOMESTIC or FOREIGN Entity | | AL BEGEIVED MP |
| → Business Corporation Filing Fee: \$50.00 | Partnership Filing Fee: \$50.0 Non-Profit Corporation Filing | Fee: \$20.00 |
| The undersigned applicant applies for reservation of the beriod of 120 days from the date of this filing: | ne following entity name for a n | 2023 FEB - 1 P 1: 51 |
| 1. The name to be reserved is: | | |
| Revvity, Inc. | | |
| 2. The name is being reserved for the entity type liste | ed below: | |
| X Business Corporation (including Professional and Foreign Corporations) RIGL 7-1.2-403 | | |
| Partnership (including Foreign Partnerships) RIGL 7-13,1-115 or 7-12,1-906 | | |
| Limited Liability Company (including Foreign Limited Liability Companies) RIGL 7-16-10 | | |
| Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL 7-6-11.1 | | |
| 3. The name reservation will be recorded exclusively specified entity name so reserved may be transferred of State a notice of the transfer, executed by the app address of the transferee, and paying the appropriate | d to any other person by filing i licant for whom the name was | n the office of the RI Department |
| 4. List the Name of Applicant: C T Corporation Syst | tem | |
| Address: 155 Federal Street Suite 700 | | |
| City/Town: Boston | State: MA | Zip Code: 02110 |
| Under penalty of perjury, I declare and affirm that the | information contained herein i | is true and correct. |
| Submitted by: C T Corporation System by Olga Hinkel, | Assistant Secretary | |
| Address: 155 Federal Street Suite 700 | | |
| City/Town: Boston | State: MA | Zip Code: 02110 |
| Signature of Authorized Person | til | Date 01/27/2023 |
| | | |

MAIL TO:

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



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.

FORM 620 - Revised: 01/2023

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:

February 01, 2023 01:51 PM

Treng M. Course

Gregg M. Amore Secretary of State

