RI SOS F	iling Number: 2023330860	70 Date: 4/14/2023	1:40:00 PM
State of Rhode Isla Department of	ond of State - Business Servic	ces Division	
Application for Ai	mended Certificate of Corporation	fAuthority	RECEIVED-
→ Filing Fee: \$75.00 (\$	235 for an increase in authorize	ed shares)	
	RIGL <u>7-1.2-1411</u> , the undersigned brity to transact business in the Stat		
1. Entity ID Number:	2. The name of the corpo	pration is:	
001745152	CAPITAL RX, INC.		
3. It is incorporated unde	r the laws of:	4. List the date the C RI Department of Sta	Certificate of Authority was issued by the ate:
Delaware		08-22-2022	
5. If the entity's name has state the new name:	s changed,		Check box to indicate no change X
6. The name, if different,	which it elects to use in Rhode	Island is:	
"incorporated," or "limited above corporate endings (b) If the corporate name	i," or an abbreviation thereof, th for use in Rhode Island: is not available in Rhode Island	en list the name of the corp d, then set forth below the fi	the word "corporation," "company," boration with the addition of one of the fictitious name under which the ess Name Statement" to be filed with this
7. If the entity's purpose i transacted in the State of R		ing section: <i>*The new purpo</i>	ose should include ALL activity to be
Check the box to indicate	e an attachment		Check box to indicate no change ×
MAIL TO: Division of Business Servio 148 W. River Street, Provide Phone: (401) 222-3040 Website: www.sos.ri.gov	ces nce, Rhode Island 02904-2615	۲ ^{. ۱}	FILED 51 A.S.F APR 1 4 2023 BY WIL 15278

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.

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FORM 151 - Revised: 12/2021

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8. If there has been an inc *List ALL authorized sha		d shares of the corporation	complete the follo	wing section	:
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE	OR STATE NO	PAR VALUE
See Attachment A				i I	
	·				
Check the box to indicate	an attachment 🗶		Check	box to indic	ate no change
		tion that the estimated valu			
		during the following year be ring the following year, whe		.17	%
(Note: Percentage obtaine				1	
		tion of the gross amount of		Í	
		es of business in Rhode Isl t thereof which will be trans		0	. %
		centage obtained from wor			/~
9. If the entity's principal p	lace of business is cha	anging indicate the new pri	ncipal address:	1	
	_				
	Υ.		Check	box to indica	ate no change 🗴
10. As required by RIGL 7	-1,2-105, the corporati	on has paid all fees and ta			
		cation for Certificate of Auth eference into this Application			
11. Date when the Amend	ed Certificate of Autho	rity will be effective: CHEC	K ONE BOX ONL	Y	
x Date received (Upon	filing)				
Later effective date (I	Date must be no more	than 90 days from the date	e of filing)		
		t I have examined this App hat all statements containe			e of Authority,
Name of Authorized Office	er of the Corporation		· · · ·	Date	
Lloyd Fioríni				Apr 12, 20	23
Signature of Authorized O	fficer				
<u>Lloyd Fiorini</u>					
Lloyd Fiorini (Apr 12, 2023 17 59 EDT)					
				1	
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ATTACHMENT A

NUMBER OF SHARES (RES CLASS	SERIES	PAR VALUE OF STATE NO PAR VALUE
176,740,010 (,010 Common		\$0.0001
21,399,730	730 Preferred	A A	\$0.0001
15,000,000 Preferred	Preferred	Seed	\$0.0001
28,810,136 Preferred	Preferred	B	\$0.0001
1 20,909,771	,771 Preferred	C	\$0.0001

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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:

April 14, 2023 01:40 PM

Treng M. Course

Gregg M. Amore Secretary of State

