



State of Rhode Island
Department of State - Business Services Division

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2023 JUL 12/A 11:56

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: Earnix, Inc.		
2. 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: 1/10/2001		
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: 221 Crescent Street, STE 104, Waltham, MA 02453		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Registered Agent Solutions, Inc.		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

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 7/11/23
JUL 12 2023
BY 28604

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Sales of proprietary software			
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		
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			
VICE PRESIDENT			
TREASURER			
SECRETARY			
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
20,059,216	Common		.00033
11,133,024	Preferred		.00033
_____	_____	_____	_____
_____	_____	_____	_____
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.) %			
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.) %			

Earnix, Inc.

Officer & Director Attachment

Directors

Name	Business Address
Ehud Ziv	2 Ze'ev Jabotinsky Street, Ramat Gan, Israel 5250501
Sammy Krikler	2 Ze'ev Jabotinsky Street, Ramat Gan, Israel 5250501
Amit Frenkel	2 Ze'ev Jabotinsky Street, Ramat Gan, Israel 5250501
Erel Margalit	2 Ze'ev Jabotinsky Street, Ramat Gan, Israel 5250501
Haim Shani	2 Ze'ev Jabotinsky Street, Ramat Gan, Israel 5250501
Jonathan Rosenbaum	2 Ze'ev Jabotinsky Street, Ramat Gan, Israel 5250501
Gadi Porat	2 Ze'ev Jabotinsky Street, Ramat Gan, Israel 5250501

Officers

Officers	Title	Address
Robin Gilthorpe	CEO	<u>Business address:</u> 221 Crescent Street, STE 104, Waltham, MA 02453
Ronit Maor	CFO	<u>Business address:</u> 221 Crescent Street, STE 104, Waltham, MA 02453

Secretary

Name	Title	Address
Michal Priscu	Head of Finance	<u>Business address:</u> 221 Crescent Street, STE 104, Waltham, MA 02453

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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) _____	
14. <i>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.</i>	
Type or Print Name of Authorized Officer	Date
MICHAL PRISCU	07/11/2023
Signature of Authorized Officer of the Corporation <i>Michal Priscu</i>	

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.

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EARNIX, 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 ELEVENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EARNIX, INC." WAS INCORPORATED ON THE TENTH DAY OF JANUARY, A.D. 2001.

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



3336735 8300

SR# 20232969947

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203723052

Date: 07-11-23



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:

July 12, 2023 11:56 AM

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

Gregg M. Amore
Secretary of State

