

# State of Rhode Island Office of the Secretary of State

Fee: \$310.0

Zip: 02888

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

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# **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 Cranial Technologies, Inc.

#### **SECTION II**

It is incorporated under the laws of State: AZ 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 08/11/2023

#### 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 7/9/1993

and the period of its duration is X Perpetual

**SECTION V** 

The location of its principal office is

No. and Street: 1405 W AUTO DRIVE FL 2

**TEMPE** State: <u>AZ</u> Country: <u>USA</u> City or Town: Zip: <u>85284</u>

# **SECTION VI**

State: RI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD

**SUITE 200** 

**WARWICK** City or Town:

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

#### **SECTION VII**

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

TREATING INFANTS WITH A CUSTOM REMOLDING ORTHOTIC & PROSTHETIC DEVICES.

#### **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).

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|----|---|--|---|--|
| l  | Title                                   | Individual Name<br>First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |  |
|    | CEO                                     | DEBRA JAMES                                    | 1405 W AUTO DRIVE FL 2                                  |  |

| ш |     |                     |   |
|---|-----|---------------------|---|
|   | CFO | GREGORY THEODORAKIS | 1405 W AUTO DRIVE FL 2<br>TEMPE, AZ 85284 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<br>First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-------|--|---|
| CEO   | DEBRA JAMES                                    | 1405 W AUTO DRIVE FL 2<br>TEMPE, AZ 85284 USA           |
| CFO   | GREGORY THEODORAKIS                            | 1405 W AUTO DRIVE FL 2<br>TEMPE, AZ 85284 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<br>Stock | Par Value Per<br>Share | Total Authorized Shares  Num of Shares |           |
|----------------|--------------------|------------------------|--|-----------|
| CWP            |                    | CLASS                  | \$0.0010                               | 16,678.00 |
| CWP            |                    | CLASS                  | \$0.0010                               | 4,672.00  |

**Signed this 17 Day of July, 2023 at 8:59:57 AM 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 **GREGORY THEODORAKIS**

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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# STATE OF ARIZONA



# Office of the CORPORATION COMMISSION

## CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

#### CRANIAL TECHNOLOGIES, INC.

ACC file number: 06021477

was incorporated under the laws of the State of Arizona on 07/09/1993;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 06/20/2023

Douglas R. Clark, Executive Director

Migle K. Clark



