



State of Rhode Island

Department of State - Business Services Division

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2023 NOV 21 P 12:57

Articles of Amendment

DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number: 001335293	2. The name of the corporation is: Noris Medical, Inc.	
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL 7-1.2 adopted the following amendment(s) to the Articles of Incorporation on: 11/19/2023		
4. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>		
5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment.		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
2,000	Class A Voting	\$0.0100
500	Class A Non-Voting	\$0.0100
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here (optional): <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>		
6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY		
<input type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
<div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 101 - Revised: 12/2021

7. If the entity's purpose is changing complete the following section: **The new purpose should include ALL activity to be transacted in the State of Rhode Island.*

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

8. If adding or amending additional provisions, complete the following section:

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

9. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.

10. Date when these Articles of Amendment 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) _____

Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation

Date

Ron Katzman

11/19 /2023

Signature of Authorized Officer of the Corporation

Ron Katzman