

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Amended Certificate of Authority FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-1411, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits

he following statement:				
1. Entity ID Number:	2. The name of the corporation is:			
001711487	bluebird bio, Inc.			
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the		
Delaware		RI Department of State: 08/13/2020		
· · · · · · · · · · · · · · · · · · ·		0.000		
5. If the entity's name has c state the new name:	changed,			
		Check box to indicate no change		
6. The name, if different, when the same is a simple of the same is a simple o	hich it elects to use in Rhode Isl	and is:		
"incorporated," or "limited," above corporate endings for (b) If the corporate name is corporation will transact but application:	or an abbreviation thereof, ther or use in Rhode Island: not available in Rhode Island, siness in Rhode Island as state	poration does not contain the word "corporation," "company," a list the name of the corporation with the addition of one of the then set forth below the fictitious name under which the d in the "Fictitious Business Name Statement" to be filed with this g section: *The new purpose should include ALL activity to be		
transacted in the State of Rho	de Island.			
Check the box to indicate a	in attachment	Check box to indicate no change		

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.

NOV 3.0.2023 12: P2PM

FORM 151 - Revised: 12/2017

NUMBER OF SHARES 250,000,000	CLASS Common	SERIES	PAR VALUE \$0.01	PAR VALUE OR STATE NO PAR VALUE \$0.01	
5,000,000	Preferred		\$0.01	\$0.01	
Check the box to indicat	e an attachment 🕡		Check	s box to indicate no change	
8a. 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.)					
8b. 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. (<i>Note: Percentage obtained from worksheet.</i>) 0.0 %					
9. As required by RIGL <u>7-1,2-105</u> , the corporation has paid all fees and taxes.					
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.					
11. Date when the Amended 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)					
Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.					
Name of Authorized Officer of the Corporation Joseph Vittiglio				Date 14-Nov-2023	
Signature of Authorized Officer Joseph Villiglio SIGN DOCUMENT HERE 83E7BFAC58BC484					