



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$310.00

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

**Foreign Corporation  
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 NEUROSOPH INC.

**SECTION II**

It is incorporated under the laws of State: MA 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

**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 2/25/2021

and the period of its duration is  Perpetual

**SECTION V**

The location of its principal office is

No. and Street: 120 WATER STREET SUITE 213

City or Town: NORTH ANDOVER

State: MA

Zip: 01845

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE SUITE 2

City or Town: BARRINGTON

State: RI

Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT SERVICE INC

**SECTION VII**

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

ARTIFICIAL INTELLIGENCE SOLUTIONS AND SERVICES

**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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TUSHAR BANERJI	82 HIGHLAND AVE #1 SOMERVILLE, MA 02143 USA
TREASURER	KYLE JOHNSON	10238 103 ST 707 EDMONTON, T5J0Y8 CAN
SECRETARY	MATTHEW PALLONE	6 LANTERN LANE WAKEFIELD, MA 01880 USA
VICE PRESIDENT	MATTHEW PALLONE	6 LANTERN LANE WAKEFIELD, MA 01880 USA

DIRECTOR	KYLE JOHNSON	10238 103 ST 707 EDMONTON, T5J0Y8 CAN
DIRECTOR	AMIT BANERJI	369 SALEM STREET NORTH ANDOVER, MA 01845 USA
DIRECTOR	TUSHAR BANERJI BANERJI	82 HIGHLAND AVE #1 SOMERVILLE, MA 02143 USA
DIRECTOR	NEEHAR BANERJI	245 10TH AVE APT 5 SOMERVILLE, MA 02143 USA
DIRECTOR	MATTHEW PALLONE	6 LANTERN LANE WAKEFIELD, MA 01880 USA
DIRECTOR	AMIT BANERJI	369 SALEM STREET NORTH ANDOVER, MA 01845 USA
DIRECTOR	KYLE JOHNSON	10238 103 ST 707 EDMONTON, T5J0Y8 CAN

(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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	TUSHAR BANERJI	82 HIGHLAND AVE #1 SOMERVILLE, MA 02143 USA
TREASURER	KYLE JOHNSON	10238 103 ST 707 EDMONTON, T5J0Y8 CAN
SECRETARY	MATTHEW PALLONE	6 LANTERN LANE WAKEFIELD, MA 01880 USA
VICE PRESIDENT	MATTHEW PALLONE	6 LANTERN LANE WAKEFIELD, MA 01880 USA
DIRECTOR	KYLE JOHNSON	10238 103 ST 707 EDMONTON, T5J0Y8 CAN
DIRECTOR	AMIT BANERJI	369 SALEM STREET NORTH ANDOVER, MA 01845 USA
DIRECTOR	TUSHAR BANERJI BANERJI	82 HIGHLAND AVE #1 SOMERVILLE, MA 02143 USA
DIRECTOR	NEEHAR BANERJI	245 10TH AVE APT 5 SOMERVILLE, MA 02143 USA
DIRECTOR	MATTHEW PALLONE	6 LANTERN LANE WAKEFIELD, MA 01880 USA
DIRECTOR	AMIT BANERJI	369 SALEM STREET NORTH ANDOVER, MA 01845 USA
DIRECTOR	KYLE JOHNSON	10238 103 ST 707 EDMONTON, T5J0Y8 CAN

#### 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:

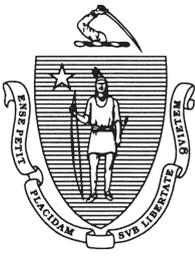
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>
CWP			\$10.0000 100,000.00

**Signed this 31 Day of January, 2024 at 3:13:13 PM 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 TUSHAR BANERJI  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

Date: January 25, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office,  
**NEUROSOPH INC.**

is a domestic corporation organized on **February 25, 2021** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 24010484450

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: pho



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:

January 31, 2024 03:12 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

