



**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 Rebound Medical Systems Corp.

**SECTION II**

It is incorporated under the laws of State: DE 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 1/10/2024

and the period of its duration is  Perpetual

**SECTION V**

The location of its principal office is

No. and Street: 30 SHELTER ROCK ROAD

City or Town: DANBURY

State: CT

Zip: 06810

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD., SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is LEGALINC CORPORATE SERVICES INC.

**SECTION VII**

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

PROVIDER OF MEDICAL EQUIPMENT AND SERVICES TO PHYSICIANS AND THEIR PATIENTS

**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	JEFFREY MARLOUGH	290 RIVERSIDE DRIVE APT 5C NEW YORK, NY 10025 USA
TREASURER	JEFFREY MARLOUGH	290 RIVERSIDE DRIVE APT 5C NEW YORK, NY 10025 USA

SECRETARY	JEFFREY MARLOUGH	290 RIVERSIDE DRIVE APT 5C NEW YORK, NY 10025 USA
DIRECTOR	JEFFREY MARLOUGH	290 RIVERSIDE DRIVE APT 5C NEW YORK, NY 10025 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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JEFFREY MARLOUGH	290 RIVERSIDE DRIVE APT 5C NEW YORK, NY 10025 USA
TREASURER	JEFFREY MARLOUGH	290 RIVERSIDE DRIVE APT 5C NEW YORK, NY 10025 USA
SECRETARY	JEFFREY MARLOUGH	290 RIVERSIDE DRIVE APT 5C NEW YORK, NY 10025 USA
DIRECTOR	JEFFREY MARLOUGH	290 RIVERSIDE DRIVE APT 5C NEW YORK, NY 10025 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 Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	5,000.00

**Signed this 1 Day of February, 2024 at 2:35:23 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 JEFFREY MARLOUGH  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REBOUND MEDICAL SYSTEMS CORP." 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 THIRTIETH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REBOUND MEDICAL SYSTEMS CORP." WAS INCORPORATED ON THE TENTH DAY OF JANUARY, A.D. 2024.

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



2914883 8300

SR# 20240288710

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK". Below the signature is a horizontal line, and underneath the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202698148

Date: 01-30-24



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:

February 01, 2024 02:34 PM

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

Gregg M. Amore  
*Secretary of State*

