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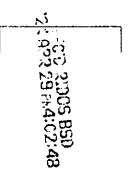
## State of Rhode Island

**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 <u>7-1,2-1411</u>, 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 the following statement:

1. Entity ID Number:	2. The name of the corporati	on is:				
001693911	Hinge Health, Inc.	Hinge Health, Inc.				
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:				
Delaware		March 14, 2019				
<ol> <li>If the entity's name has state the new name;</li> </ol>	changed,					
		Check box to indicate no change				
6. The name, if different, v	which it elects to use in Rhode Isla	nd is:				
(a) If the name of the corp "incorporated," or "limited, above corporate endings i	" or an abbreviation thereof, then I	pration does not contain the word "corporation," "company," ist the name of the corporation with the addition of one of the				
(b) If the corporate name i corporation will transact b application:	is not available in Rhode Island, th usiness in Rhode Island as stated	ion set forth below the fictitious name under which the in the "Fictitious Business Name Statement" to be filed with this				
7. If the entity's purpose is transacted in the State of Rh		section: *The new purpose should include ALL activity to be				
Check the box to indicate	an atlachment	Check box to indicate no change				
MAIL TO: Division of Business Servic	es					
	ce, Rhode Island 02904-2615	FILED				
Website: www.sos.ri.gov		APR 29 2024				

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.

8. If there has been an increase in the authorized shares of the corporation complete the following section: *List ALL authorized shares as of this amendment.					
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE	PAR VALUE OR STATE NO PAR VALUE	
······································	<u></u>	· · · · ·		····	
			<u> </u>	·	
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Check the box to indicate a	n attachment 🚺		Check	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 loca of all property of the corpora (Note: Percentage obtained	0.43 %				
8b. An estimate, as a perce be transacted by the corpor the following year compare corporation during the follow	0.21 %				
9. As required by RIGL 7-1.					
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 fi	ling)				
Later effective date (Date must be no more than 90 days from the date of filing)					
12. 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			Date	
David Wood	4/24/2024				
Signature of Authorized Off	icer				
David Wood					

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## Hinge Health, Inc. – State of Rhode Island, Department of State – Business Services Division

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## **Application for Amended Certificate of Authority**

8. If there has been an increase in the authorized shares of the corporation complete the following section: List ALL authorized shares as of this amendment.

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Number of Shares
Common Stock		\$0.00001	96,408,866	15,956,516
Preferred Stock	Series Seed-1	\$0.00001	3,078,601	3,078,601
Preferred Stock	Series Seed-2	\$0.00001	493,325	493,325
Preferred Stock	Series A-1	\$0.00001	975,463	975,463
Preferred Stock	Series A-2	\$0.00001	7,112,809	7,112,809
Preferred Stock	Series B	\$0.00001	11,500,586	11,500,586
Preferred Stock	Series C-1	\$0.00001	2,258,620	2,258,620
Preferred Stock	Series C	\$0.00001	10,253,027	10,253,027
Preferred Stock	Series D	\$0.00001	7,354,666	7,314,041
Preferred Stock	Series E	\$0.00001	5,163,674	5.163,674

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:

April 29, 2024 04:02 PM

Treng M. Course

Gregg M. Amore Secretary of State

