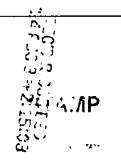


Application for Certificate of Authority

FOREIGN Business Corporation

 \rightarrow Filing Fee: \$310.00 minimum



Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

LABVANTAGE SOLUTIONS, INC.

2. It is incorporated under the laws of: DELAWARE

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

N/A

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

N/A

4. The date of its incorporation is: 9/14/1993

And the period of its duration is CHECK ONE BOX ONLY

X Perpetual (on-going)

Date certain for dissolution _

5. The address of its principal office is:

265 DAVIDSON AVENUE SUITE 220, SOMERSET NJ 08873

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

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name C T Corporation System

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

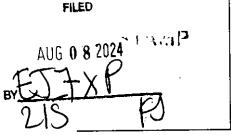
City/Town East Providence

Division of Business Services

Phone: (401) 222-3040 Website: www.sos.ri.gov RHODE ISLAND

State

Zip Code 02914



MAIL TO:

7. The purpose or purp	oses which it p	roposes to pursue in th	ne transaction of bi	usiness in Rhode Island are:	
software Sales (cu	ustomized, out o	of shelf) providing IT co	onsulting services a	and maintenance of software.	
8. (a) The names and i state or country of which	•		optional, unless dir	ectors are required under the laws of the	
NAME		ADDRESS			
Chatterjee, Purnendu		265 Davidson Avenue, Suite 220, Somerset, New Jersey, 08873, United States			
Bhattacharya, Swapan		265 Davidson Avenue, Suite 220, Somerset, New Jersey, 08873, United States			
	<u> </u>				
		Check the box to indicate an attachment			
8. (b) The names and of the state or country			fficers (mandatory	if directors are not required under the laws	
OFFICE	NAME		ADDRESS		
CEO	Hagstroem, Mikael		265 Davidson Avenue.Suite 220,Somerset,New Jersey,08873,US		
CFO	Psaropolous, Evan		265 Davidson Avenue, Suite 220, Somerset, New Jersey, 08873, US		
CLO	Репту, Kelly		265 Davidson Avenue, Suite 220, Somerset, New Jersey, 08873, US		
SECRETARY	Perry, Kelly		265 Davidson Avenue, Suite 220, Somerset, New Jersey, 08873, US		
				Check the box to indicate an attachment	
 The aggregate num par value, and series, 			issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
2,650 COMMON		I		0.01	
			<u> </u>		
			-		
located within this stat	e during the fol	lowing year bears to th	ie value of all prop	f the property of the corporation to be erty of the corporation to be owned during	
the following year, whe		(NOID. FORGINAYO ODI			
· · · · · · · · · · · · · · · · · · ·	%				
at or from places of bu transacted by the corp	usiness in Rhod poration during	e Island during the foll	owing year compa	usiness to be transacted by the corporation red to the gross amount thereof which will be ained from worksheet.)	
	%				

12. This application must be accompanied by a <u>Certificate of Good St</u> formation dated within 60 days of the date of this filing.	tanding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK O	NE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the	e date of filing)
14. Under penalty of perjury, I declare and affirm that I have examined any accompanying attachments, and that all statements contained he	
Type or Print Name of Authorized Officer	Date
EVAN PSAROPOLOUS	8/6/2024
Signature of Authorized Officer of the Corporation	
Evan Psaropoulos	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LABVANTAGE SOLUTIONS INC." 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 SIXTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



Jeffrey W. Bullistik, S

Authentication: 204099643 Date: 08-06-24

Page 1

2350986 8300 SR# 20243341363

You may verify this certificate online at corp.delaware.gov/authver.shtml

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:

August 08, 2024 02:15 PM

Treng M. Course

Gregg M. Amore Secretary of State

