RI SOS Filing Number: 202460193500 Date: 9/18/2024 10:12:00 AM



State of Rhode Island Office of the Secretary of State

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)

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The name of the corporation is Reach Neuro, Inc.

SECTION II

It is incorporated under the laws of State: <u>DE</u> Country: <u>USA</u>

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 11/16/2021

and the period of its duration is X Perpetual

SECTION V

The location of its principal office is

No. and Street:

6541 ROSEMOOR ST

City or Town:

PITTSBURGH

State: PA

Zip: <u>15217</u>

Country: **USA**

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street:

222 JEFFERSON BOULEVARD, SUITE 200

City or Town:

WARWICK

State: RI

Zip: <u>02888</u>

Fee: \$310.0

and the name of its proposed registered agent in Rhode Island at that address is $\underline{CORPORATION}$ $\underline{SERVICE}$ $\underline{COMPANY}$

SECTION VII

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

RESEARCH AND DEVELOPMENT OF MEDICAL DEVICES

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	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	MARC PHILLIP POWELL	8 EASTERBROOKS AVE. BRISTOL, RI 02809 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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARC PHILLIP POWELL	8 EASTERBROOKS AVE. BRISTOL, RI 02809 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 Num of Shares	
ı	CWP			\$0.0001	10,000,000.00

Signed this 18 Day of September, 2024 at 10:12:47 AM 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 MARC PHILLIP POWELL

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "REACH NEURO, 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 SEVENTEENTH DAY OF SEPTEMBER, 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 SAID "REACH NEURO,

INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2021.

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

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Authentication: 204406232

Date: 09-17-24

6396622 8300 SR# 20243702760

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

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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:

September 18, 2024 10:12 AM

Gregg M. Amore

Secretary of State

Treg M. Coure

