



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 CLOZEX MEDICAL, INC.

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 6/21/2018

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 124 GROVE STREET SUITE 302

City or Town: FRANKLIN

State: MA

Zip: 02038

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE. STE 2

City or Town: BARRINGTON

State: RI

Zip: 02806

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

SECTION VII

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

MEDICAL DEVICE RESEARCH AND PRODUCT DEVELOPMENT

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
TREASURER	MARK H MADDEN	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
TREASURER	MARK H MADDEN	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
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TREASURER	MARK H MADDEN	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
SECRETARY	MARK H MADDEN	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
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SECRETARY	MARK H MADDEN	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
CEO	MATTHEW M PAPAGNO	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
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CEO	MATTHEW M PAPAGNO	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
CHIEF OPERATING OFFICER	BARRETT JOHNSTON	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
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DIRECTOR	MARK H MADDEN	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
DIRECTOR	HARRY RUBASH MD	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
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DIRECTOR	TONY ANTONACCIO	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
DIRECTOR	JOHN LAZOR MD	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 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
TREASURER	MARK H MADDEN	124 GROVE STREET SUITE 302 FRANKLIN, MA 02038 USA
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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			\$0.0001	6,500,000.00
PWP			\$0.0001	3,367,009.00

Signed this 28 Day of October, 2024 at 1:58:15 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 BARRETT JOHNSTON
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

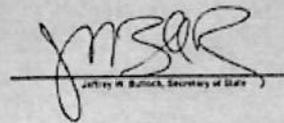
Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLOEEK MEDICAL, 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 NINETEENTH DAY OF SEPTEMBER, A. D. 2024.




Jeffrey W. Bullock, Secretary of State

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SRN 20243728566

You may verify this certificate online at corp.delaware.gov/su:hver.shtm

Authentication: 204437806

Date: 09-19-24



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:

October 28, 2024 01:58 PM

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

Gregg M. Amore
Secretary of State

