



**State of Rhode Island**  
**Department of State - Business Services Division**

202564134580  
 FEB 5 2025

## Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:  Easy Dynamics Corporation		
2. It is incorporated under the laws of: <span style="margin-left: 100px;">Virginia</span>		
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:  (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:		
4. The date of its incorporation is: <span style="margin-left: 50px;">02/02/2018</span>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) Date certain for dissolution _____		
5. The address of its principal office is:  2000 Corporate Ridge, Ste 240, McLean, VA 22102		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <span style="margin-left: 20px;">C T Corporation System</span>		
Street Address ( <u>NOT</u> a P.O. Box) <span style="margin-left: 20px;">450 Veterans Memorial Parkway, Suite 7A</span>		
City/Town <span style="margin-left: 20px;">East Providence</span>	State <span style="margin-left: 20px;"><b>RHODE ISLAND</b></span>	Zip Code <span style="margin-left: 20px;">02914</span>

### MAIL TO:

**Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  
computer programming services

8. (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):

NAME	ADDRESS
Poupak Afshar Javan	2000 Corporate Ridge, Ste 240, McLean, VA 22102
Pirooz Javan	2000 Corporate Ridge, Ste 240, McLean, VA 22102

Check the box to indicate an attachment

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT	Poupak Afshar Javan	2000 Corporate Ridge, Ste 240, McLean, VA 22102
VICE PRESIDENT	Pirooz Javan	2000 Corporate Ridge, Ste 240, McLean, VA 22102
TREASURER	Richard Scigaj	2000 Corporate Ridge, Ste 240, McLean, VA 22102
SECRETARY	Vacant	2000 Corporate Ridge, Ste 240, McLean, VA 22102

Check the box to indicate an attachment ☒

9. 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:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
2,000,000	Common		.01

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

**Attachment for Officer's and Director's**

**Entity Name - Easy Dynamics Corporation**

**Address - 2000 Corporate Ridge, Ste 240, Mc Lean, VA 22102**

NAME	TITLE
Pirooz Javan	CTO

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

14. *Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

Richard Scigaj

Date

12/03/2024

Signature of Authorized Officer of the Corporation

*R Scigaj*

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](mailto:corporations@sos.ri.gov).

FORM 150- Revised: 12/2023

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

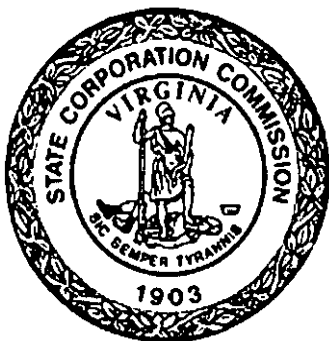
That Easy Dynamics Corporation is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 2, 2018;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

February 5, 2025

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission



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 05, 2025 02:18 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

