

**State of Rhode Island
Department of State - Business Services Division**REC'D RI SOS ESD
15 FEB 18 AM 9:47:37**Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

ORA LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: DELAWARE

3. The date of its organization is: 07/12/2024

And the period of its duration is: **CHECK ONE BOX ONLY**☒ Perpetual (on-going)☐ Date certain for dissolution _____

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name FILEJET INC.

Street Address (NOT a P.O. Box) 45 INDUSTRIAL RD, STE 100

City/Town CUMBERLAND

State RHODE ISLAND

Zip Code 02864

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

CONDUCT CLINICAL TRIAL STUDIES

Check the box to indicate an attachment ☐**MAIL TO:****Division of Business Services**

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED 9:48

FEB 18 2025

BY Q7XHA

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

138 HAVERHILL STREET, SUITE 102, ANDOVER, MA 01810

8. The mailing address for the limited liability company is:

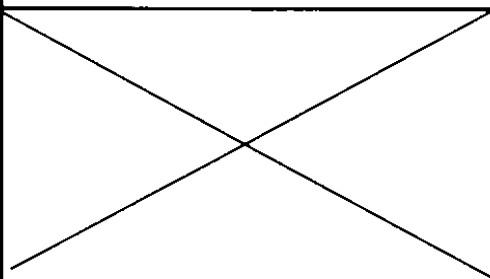
138 HAVERHILL STREET, SUITE 102, ANDOVER, MA 01810

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

☐ Members (Owners)
DO NOT complete the chart below.

OR

☒ Manager(s). Complete the chart below.

|  | MANAGER(S) NAME | ADDRESS |
|-----------------------------------------------------------------------------------|-----------------|-------------------------------------------------------|
| | PAUL COLVIN | 138 HAVERHILL STREET, SUITE 102, ANDOVER, MA 01810 |
| | | |

Check the box to indicate an attachment ☐

10. 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 filing.

11. Date when this application for Certificate of Registration 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) _____

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

Type or Print Name of LLC

ORA LLC

Date

2/17/2025

Signature of Authorized Person

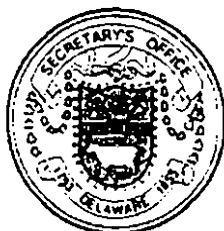
Andrew Warner

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ORA LLC" IS DULY FORMED UNDER THE LAWS
OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL
EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE
NINETEENTH DAY OF DECEMBER, A.D. 2024.



4216921 8300

SR# 20244543370

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 205181825

Date: 12-19-24



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:

February 18, 2025 09:48 AM

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

Gregg M. Amore
Secretary of State

