State of Rhode Island
Department of State - Business Services Division

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:

QurAlis Corporation

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:

(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: 12/12/2016

And the period of its duration is: **CHECK ONE BOX ONLY**

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

35 Cambridgepark Drive, Suite #300 Cambridge, MA 02140

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

Agent Name: Corporation Service Company

Street Address (NOT a P.O. Box): 222 Jefferson Boulevard, Suite 200

City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888

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
STAMP
MAR 11 2025
BY PS 700
1200 KS

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

Clinical-stage biotechnology company dedicated to developing precision medicines for neurodegenerative disease.

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
Amy Schulman	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Luc Dochez	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Johannes Fruehauf	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Mike Hutton	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140

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	Kasper Roet	35 Cambridgepark Dr #300 Cambridge,MA 02140
VICE PRESIDENT	Vikas Sharma	35 Cambridgepark Dr #300 Cambridge,MA 02140
TREASURER	Jason Brown	35 Cambridgepark Dr #300 Cambridge,MA 02140
SECRETARY	Kasper Roet	35 Cambridgepark Dr #300 Cambridge,MA 02140

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
63,000,000	Common Stock		$0.0001
700	Preferred Stock	Class B-3	$1.00
53,345,331	Preferred		$0.0001

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.)*

1 %

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 %

Name	Email
Kasper Roet	kasper.roet@quralis.com
Hagen Cramer	hagen.cramer@quralis.com
Vikas Sharma	vikas.sharma@quralis.com
Jason Brown	jason.brown@quralis.com
Douglas Williamson	doug.williamson@quralis.com
Dan Elbaum	daniel.elbaum@quralis.com
Anne Whitaker	acwhitaker@mac.com
Amy Schulman	aschulman@polarispartners.com
Luc Dochez	l.dochez@primixbioventures.com
Johannes Fruehauf	jfruehauf@missionbiocapital.com
Mike Hutton	hutton_michael@lilly.com
Cillian King	cillian.king@eqtpartners.com
Laia Crespo-Martin	laia.crespo@sanofi.com
Shafique Virani	viranis1md@gmail.com

QurAlis Role	Address
Board member (CEO)	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Chief Technology Officer	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Chief Business Officier	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Chief Financial Officer	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Chief Medical Officer	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Chief Scientific Officer	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Chair	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Board member	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
Board member	35 Cambridgepark Drive, Suite 300 Cambridge, MA 02140
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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	Date
Jason Brown	2/26/2025

Signature of Authorized Officer of the Corporation

Signed by:
Jason Brown
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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.

Delaware

The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QURALIS CORPORATION" 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 THIRTIETH DAY OF JANUARY, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QURALIS CORPORATION" WAS INCORPORATED ON THE TWELFTH DAY OF DECEMBER, A.D. 2016.

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

C. P. Sanchez

Charuni P. Sanchez, Secretary of State

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SR# 20250321535

Authentication: 202820368

Date: 01-30-25

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:

March 11, 2025 12:06 PM

Gregg M. Amore
Secretary of State