State of Rhode Island
Department of State - Business Services Division

Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

Blue Circle Health Clinical, Inc.

1a. The name, if different, which it elects to use in Rhode Island is:

*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.

2. It is incorporated under the laws of: Delaware

3. The date of its incorporation is: 05/06/2024

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

X Perpetual (on-going)

Date certain for dissolution _____

4. The address of its principal place of business is:

68 Harrison Ave #605, PMB 62564, Boston, MA, 02111

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

Agent Name: C T Corporation System

Street Address (NOT a P.O. Box): 450 Veterans Memorial Parkway, Suite 7A

City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914

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
MAR 21 2025
BY A554H
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FORM 250 - Revised 12/2023

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

Blue Circle Health Clinical, Inc. provides care and support to people with type 1 diabetes.

Check the box to indicate an attachment

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director		
Director		
Director		
President		
Vice President		
Treasurer		
Secretary		

Check the box to indicate an attachment X

8. 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.

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

Type or Print Name of President OR Vice President

Robin Jensen, Chief Operating Officer

Date: 3/17/2025

Signature of President OR Vice President: DocuSigned by: Robin B Jensen

Type of Print Name of X Secretary OR Assistant Secretary

Georgia Agiostratidou

Date: 3/18/2025

Signature of Secretary OR Assistant Secretary: Signed by: Georgia Agiostratidou

TWO SIGNATURES ARE REQUIRED

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.

Attachment to Application for Certificate of Authority

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director	Leonard D'Avolio	68 Harrison Ave #605, PMB 62564, Boston, MA, 02111
Director	Georgia Agiostratidou	68 Harrison Ave #605, PMB 62564, Boston, MA, 02111
Director	Bruce Braughton	68 Harrison Ave #605, PMB 62564, Boston, MA, 02111
Director	Sean Oser	68 Harrison Ave #605, PMB 62564, Boston, MA, 02111
President	N/A	N/A
Vice President	N/A	N/A
Treasurer	N/A	N/A
Secretary	Georgia Agiostratidou	68 Harrison Ave #605, PMB 62564, Boston, MA, 02111
Chief Executive Officer	Leonard D'Avolio	68 Harrison Ave #605, PMB 62564, Boston, MA, 02111
Chief Financial Officer	Bruce Braughton	68 Harrison Ave #605, PMB 62564, Boston, MA, 02111
Chief Operating Officer	Robin Jensen	68 Harrison Ave #605, PMB 62564, Boston, MA, 02111

Delaware

The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE CIRCLE HEALTH CLINICAL, 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 FIFTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLUE CIRCLE HEALTH CLINICAL, INC." WAS INCORPORATED ON THE SIXTH DAY OF MAY, A.D. 2024.

C. P. Sanchez

Charuni P. Sanchez, Secretary of State

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SR# 20250395170

Authentication: 202870965

Date: 02-05-25

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 21, 2025 02:18 PM

Gregg M. Amore
Secretary of State