



**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 X4 Pharmaceuticals, 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 8/2/2010

and the period of its duration is X Perpetual    

**SECTION V**

The location of its principal office is

No. and Street: 61 NORTH BEACON STREET  
4TH FLOOR

City or Town: BOSTON State: MA Zip: 02134 Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 10 DORRANCE STREET #700

City or Town: PROVIDENCE State: RI Zip: 02903

and the name of its proposed registered agent in Rhode Island at that address is UNITED AGENT GROUP INC

**SECTION VII**

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

WE ARE A BIOPHARMACEUTICAL COMPANY DEVELOPING AND COMMERCIALIZING NOVEL THERAPEUTICS FOR THE TREATMENT OF RARE DISEASES OF THE IMMUNE SYSTEM WITH EMPLOYEES WHO RESIDE IN RHODE ISLAND AND WORK REMOTELY.

## 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
CEO	PAULA RAGAN	61 NORTH BEACON STREET, 4TH FLOOR BOSTON, MA 02134 USA
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CEO	PAULA RAGAN	61 NORTH BEACON STREET, 4TH FLOOR BOSTON, MA 02134 USA
CFO	ADAM MOSTAFA	61 NORTH BEACON STREET, 4TH FLOOR BOSTON, MA 02134 USA
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CHIEF OPERATING OFFICER	MARY DIBIASE	61 NORTH BEACON STREET, 4TH FLOOR BOSTON, MA 02134 USA
CHIEF COMMERCIAL OFFICER	MARK BALDRY	61 NORTH BEACON STREET, 4TH FLOOR BOSTON, MA 02134 USA
CHIEF MEDICAL OFFICER	CHRISTOPHE ALBERT-ENGLES	61 NORTH BEACON STREET, 4TH FLOOR BOSTON, MA 02134 USA
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(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
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CEO	PAULA RAGAN	61 NORTH BEACON STREET, 4TH FLOOR BOSTON, MA 02134 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			\$0.0100	500,000,000.00

**Signed this 26 Day of March, 2025 at 12:19:34 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 MARYELLEN BABCOCK

Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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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 MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "X4  
PHARMACEUTICALS, INC." WAS INCORPORATED ON THE SECOND DAY OF  
AUGUST, A.D. 2010.



*C. P. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203216527

Date: 03-19-25

4851982 8300

SR# 20251125536

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 26, 2025 12:18 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.

Gregg M. Amore  
*Secretary of State*

