



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 Asylon Incorporated

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 8/25/2015

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 52 BUTTONWOOD ST

City or Town: NORRISTOWN

State: PA

Zip: 19401

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PARKWAY

SUITE 7A

City or Town: EAST PROVIDENCE

State: RI

Zip: 19401

and the name of its proposed registered agent in Rhode Island at that address is C T CORPORATION SYSTEM

SECTION VII

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

TECHNOLOGY SERVICES

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	DAMON HENRY	52 BUTTONWOOD ST NORRISTOWN, PA 19401 USA

(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
CEO	DAMON HENRY	52 BUTTONWOOD ST NORRISTOWN, PA 19401 USA

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>	
PWP		PSA-2	\$0.0010	385,059.00
PWP		PSA-3	\$0.0010	9,189,700.00
PWP		PSA-1	\$0.0010	5,425,241.00
PWP		PS	\$0.0010	5,803,815.00
CWP		CS	\$0.0010	15,000,000.00

Signed this 9 Day of April, 2025 at 11:19:11 AM 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.*

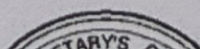
By SAM KIDSTON
Signature of Authorized Officer of the Corporation

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE
OF DELAWARE, DO HEREBY CERTIFY "ASYLON INCORPORATED" IS DUL
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF APRIL, A.D. 20

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASYLON
INCORPORATED" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF AU
A.D. 2015.



Handwritten signature



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:

April 09, 2025 11:18 AM

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

