

State of Rhode Island Department of State - Business Services Division

## **Application for Certificate of Authority** FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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Pursuant to the provisions of <u>RIGL 7-1,2-1405</u> , the un applies for a Certificate of Authority to transact busine for that purpose submits the following statement:					
The name of the corporation is:	•				
PIXID CORPORATION		ر ر			
2. It is incorporated under the laws of: DELAW.	ARE				
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: 07/20/2022					
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:					
1251 Avenue of the americas, 3FL, New York, NY 10020					
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 Warwick	State RHODE ISLAND	Zip Code 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** 

FORM 150- Revised: 12/2023

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  Development and sale of software for the HR industry.				
8. (a) The names and re state or country of which			otional, unless dir	ectors are required under the laws of the
NAME	Tit is incorpore		AD	DDRESS
Etienne COLELLA		1251 Avenue of the Americas, 3FL, New York, NY 10020		
Charles-Henri BERI	NARD	1251 Avenue of the Americas, 3FL, New York, NY 10020		
		-		
	```	<u> </u>		Check the box to indicate an attachment
			icers (mandatory	if directors are not required under the laws
of the state or country of OFFICE	MUSUU II IS ING	NAME	1	ADDRESS
PRESIDENT			<del> </del>	
11120102111	Etienne COLELLA		1251 Avenue	e of the Americas, New York, NY 10020
VICE PRESIDENT				
TREASURER	Charles-Henri BERNARD		1251 Avenue	e of the Americas, New York, NY <sub>10020</sub>
SECRETARY	Nicolas FERRY		1251 Avenue	of the Americas, New York, NY 10020
				Check the box to indicate an attachment
9. The aggregate numb par value, and series, if			ssue; itemized by	classes, par value of shares, shares without
NUMBER OF SHARES	CLA	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	Commo	n Stock	<u>.</u>	\$0.01
		<u> </u>		
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.)				
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.)  (				

12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)	<del></del>			
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 exa any accompanying attachments, and that all statements contain				
Type or Print Name of Authorized Officer	Date			
Nicolas Ferry	04/08/2025			
Signature of Authorized Officer of the Corporation	*			

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## Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "PIXID 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 TENTH DAY OF APRIL, 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 "PIXID CORPORATION" WAS INCORPORATED ON THE TWENTIETH DAY OF JULY, A.D. 2022.

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

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203405413

C. G. Sanchez

Date: 04-10-25

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SR# 20251495422

RI SOS Filing Number: 202570882040 Date: 4/22/2025 12:00:00 PM



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 22, 2025 12:00 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

