



State of Rhode Island  
Office of the Secretary of State

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Fee: \$310.00

FILED 1:13 P

JUN 04 2025  
CONFIRM#



BY 1324499

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 Asterism USA, Inc.

SECTION II

It is incorporated under the laws of State: OR 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:

Asterism HHealthcare

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 6/4/2025

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 1775 CARMEL AVENUE

City or Town: EUGENE

State: OR

Zip: 97401

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: SEG HUB

10 DAVOL SQUARE, SUITE 100

City or Town: PROVIDENCE

State: RI

Zip: 02903

and the name of its proposed registered agent in Rhode Island at that address is PABEL DELGADO

SECTION VII

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

**RESEARCH, DEVELOPMENT, SALES, AND IMPORT/EXPORT OF FUNCTIONAL INGREDIENTS AND NUTRACEUTICALS**

**PLANNING, PRODUCTION, AND SALES OF IT SOFTWARE AND DIGITAL CONTENT**

**RESEARCH, DEVELOPMENT, SALES, AND IMPORT/EXPORT OF PET FOOD AND ANIMAL HEALTHCARE PRODUCTS**

**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
DIRECTOR	PABEL DELGADO	1775 CARMEL AVENUE EUGENE, OR 97401 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
DIRECTOR	PABEL DELGADO	1775 CARMEL AVENUE EUGENE, OR 97401 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>
CNP			\$0.0000 10,000.00

**Signed this 4 Day of June, 2025 at 1:15:27 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 PABEL DELGDO

Signature of Authorized Officer of the Corporation

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 5373576

I, TOBIAS READ, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

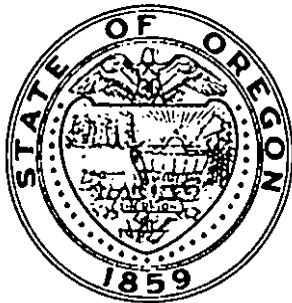
**ASTERISM USA, INC.**

is

*Incorporated*

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto  
set my hand and affixed hereto the  
Seal of the State of Oregon.*

A handwritten signature in black ink, appearing to read "Tobias Read".

TOBIAS READ, SECRETARY OF STATE

Issued Date: 6/4/2025



Come visit us on the internet at: <https://sos.oregon.gov/business>  
or use the QR code to check their current status.



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:

June 04, 2025 01:13 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

