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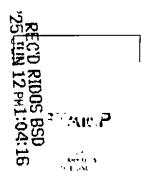


State of Rhode Island **Department of State - Business Services Division**

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of RIGL 7-1,2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and

or that purpose submits the following statement:		·
1. The name of the corporation is:		
PALINOS THERAPEUTICS, INC.		
It is incorporated under the laws of: Delawa	re	
3. The name, if different, which it elects to use in Rt	node Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:		
(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rhofeld with this application:		
4. The date of its incorporation is: 4/4/2025		
And the period of its duration is: CHECK ONE BOX Perpetual (on-going)	X ONLY	
Date certain for dissolution	····	
5. The address of its principal office is:		
450 Blackstone Boulevard, Providence, RI	02906	
6. The name and address of the initial registered ag	gent/office in Rhode Island:	
Agent Name David H. Donabedian		
Street Address (<u>NOT</u> a P.O. Box) 450 Blackstone	e Boulevard	
City/Town Providence	State RHODE ISLAND	Zip Code 02906
		FILED 1:04 P
MAIL TO: Division of Business Services		JUN 12 2025

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY SYJSZ

[<u> </u>	4 4				
	oses which it p	roposes to pursue i	n the transaction of	business in Rhode Island are:	
Biotechnology					
0 (-) The control of		# 1		The state of the s	
state or country of which			's (optional, unless	directors are required under the laws of the	
NAME		ADDRESS			
-		450 Blackstone Boulevard, Providence, RI 02906			
David H. Donabedian		450 Blackstone	Boulevalu, Pic		
		[
		L		Object the best of the transfer of the board of	
9 (b) The names and r	onnostivo addr	conson of its princips	ol officers (mondate	Check the box to indicate an attachment	
of the state or country of			ai onicers (mandato	ry if directors are not required under the laws	
OFFICE	NAME			ADDRESS	
PRESIDENT	David H. Donabedian		450 Blacks	450 Blackstone Boulevard, Providence, RI 02906	
	David II. L		430 Blacks	none Bodievard, Providence, 11 02900	
VICE PRESIDENT					
TREASURER			.=. =.		
	David H. Donabedian		450 Blacks	tone Boulevard, Providence, RI 02906	
SECRETARY	David H. Donabedian		450 Blacks	tone Boulevard, Providence, RI 02906	
· · · · · · · · · · · · · · · · · · ·	l		1	Check the box to indicate an attachment	
9. The aggregate numb	er of shares w	hich it has authority	to issue; itemized	by classes, par value of shares, shares without	
par value, and series, it	f any, within a	class, is:			
NUMBER OF SHARES	CLA	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
10,000	Common			\$0.001	
	•				
				<u> </u>	
					
				e of the property of the corporation to be operty of the corporation to be owned during	
the following year, whe					
100 "	,				
700 %	0				
11. An estimate, as a p	percentage, of	the proportion of th	e gross amount of	business to be transacted by the corporation	
at or from places of bus	siness in Rhod	e Island during the f	following year comp	pared to the gross amount thereof which will be	
	oration during t	ne tollowing year. (/	vote: Percentage of	btained from worksheet.)	
100 %	6				

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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 CHEC	CK ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fro	om the date of filing)
14. Under penalty of perjury, I declare and affirm that I have example any accompanying attachments, and that all statements contains	· · · · · · · · · · · · · · · · · · ·
Type or Print Name of Authorized Officer	Date
David H. Donabedian, President	6/11/2025
Signature of Authorized Officer of the Corporation	
David H. Donabedian	

Page 1

Delaware The First State

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

OF DELAWARE, DO HEREBY CERTIFY "PALINOS THERAPEUTICS, 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 ELEVENTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALINOS

THERAPEUTICS, INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL,

A.D. 2025.

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

10153792 8300 SR# 20253041942 Charuni Patibanda-Senchez, Secretary of State

C. G. Sanchez

Authentication: 203922559

Date: 06-11-25

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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 12, 2025 01:04 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

