RI SOS Filing Number: 202576315560 Date: 6/26/2025 3:04:00 PM

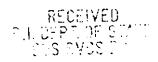


State of Rhode Island Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



1875 JUN 26 P 3: 04

Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

or that purpose submits the following statement:				
1. The name of the corporation is:				
Phosphorous Derivatives Inc.		Name and the second sec		
2. It is incorporated under the laws of: Delawar	e			
3. The name, if different, which it elects to use in Rho				
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:	incorporation does not contain to if, then list the name of the corpo	he word "corporation", "company", oration with the addition of one of the		
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rhod filed with this application:	sland, then set forth below the fic de Island as stated in the "Fictitic	titious name under which the ous Business Name Statement" to be		
4. The date of its incorporation is: 9/15/2005				
And the period of its duration is: CHECK ONE BOX Perpetual (on-going)	ONLY			
Date certain for dissolution	······································			
5. The address of its principal office is:				
8000 Maryland Ave Suite 350 Clayton MO	63105			
6. The name and address of the initial registered ago	ent/office in Rhode Island:			
Agent Name CT Corporation System				
Street Address (NOT a P.O. Box) 450 Veterans Memorial Pkwy #7A				
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		

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**

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· · ·				ousiness in Rhode Island are:	
This is a manufactur	ing compan	y that will have a	remote employe	ee who resides in the state.	
8. (a) The names and re state or country of which			(optional, unless d	irectors are required under the laws of the	
NAME		<u> </u>	Α	DDRESS	
Haitham Khouri		8000 Maryland Ave Ste 350 Clayton MO 63105			
					
		<u> </u>		Check the box to indicate an attachment	
8. (b) The names and re of the state or country o			officers (mandator	y if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	Haitham K	Chouri 8000 Maryland Ave Ste		and Ave Ste 350 Clayton MO 63105	
VICE PRESIDENT		-			
TREASURER	Noble Sco	ville	8000 Maryla	and Ave Ste 350 Clayton MO 63105	
SECRETARY	Noriko Yokozuka		8000 Maryla	8000 Maryland Ave Ste 350 Clayton MO 63105	
				Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if			o issue; itemized b	y classes, par value of shares, shares without	
NUMBER OF SHARES	CLA	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
500	common	1		.01	
2500	preferre	<u> </u>		.01	
located within this state the following year, where	during the foll	lowing year bears to t	the value of all prop	of the property of the corporation to be perty of the corporation to be owned during heet.)	
0.0054456 %	•				
at or from places of bus	siness in Rhod oration during t	le Island during the fo	llowing year comp	business to be transacted by the corporation ared to the gross amount thereof which will be stained from worksheet.)	
L,					

formation dated within 60 days of the	date of this filing.	nding/Letter of Status from the state or country of
13. Date when the Certificate of Auth	ority will be effective: CHECK ONE	E BOX ONLY
Date received (Upon filing)	RI DOS MADE EDITS PE	ER FILER
Later effective date (Date must t	be no more than 90 days from the	date of filing)
14. Under penalty of perjury, I declar any accompanying attachments, and	e and affirm that I have examined t I that all statements contained here	this Application for Certificate of Authority, including pin are true and correct.
14. Under penalty of perjury, I declare any accompanying attachments, and Type or Print Name of Authorized Officer	that all statements contained here	this Application for Certificate of Authority, including ain are true and correct. Date
any accompanying attachments, and	that all statements contained here	ein are true and correct.
any accompanying attachments, and Type or Print Name of Authorized Officer	I that all statements contained here	Date

Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "PHOSPHORUS DERIVATIVES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2005, AT 5:10 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "PHOSPHOROUS PERFORMANCE PRODUCTS INC. " TO "PHOSPHORUS DERIVATIVES INC. ", FILED THE NINETEENTH DAY OF OCTOBER, A.D. 2005, AT 4:50 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "PHOSPHORUS DERIVATIVES INC.".

4031007 8310 SR# 20253129919

Charuni Patibenda-Senchez, Secretary of State Authentication: 203995282

C. G. Sanchez

Date: 06-20-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

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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 26, 2025 03:04 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

