RI SOS Filing Number: 202576833910 Date: 7/11/2025 9:52:00 AM

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

**Annual Report for the year:** 2025
**Corporation**

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 001682624 | Helion Technologies Inc |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 3000 Falls Road Suite 300 | Baltimore | MD | 21211 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 541511 | IT Services Provider |
| 5. State of Incorporation | |
| Maryland | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| Erik S Nachbahr | |
| Street Address | Street Address |
| 1216 Broadway Road | |
| City / State / Zip | City / State / Zip |
| Timonium / MD / 21093 | |
| Secretary Name | Treasurer Name |
| | |
| Street Address | Street Address |
| | |
| City / State / Zip | City / State / Zip |
| | |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| | |
| Street Address | Street Address |
| | |
| City / State / Zip | City / State / Zip |
| | |
| Director Name | Director Name |
| | |
| Street Address | Street Address |
| | |
| City / State / Zip | City / State / Zip |
| | |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 100 | | 1.00 |
| | | | |

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

***Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.***

| Name of Authorized Representative | Date |
|---|---|
| Erik S Nachbahr | 7/5/25 |

Signature of Authorized Representative

**FILED** 9:52 A

JUL 11 2025

BY FQFNP

**MAIL TO:**
**Division of Business Services**
148 W River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 630- Revised: 12/2023