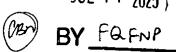
RI SOS Filing Number: 202576833910 Date: 7/11/2025 9:52:00 AM

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.						REC'D RIDOS BSD		
1. Entity ID Number 001682624	2. Exact name of the Corporation Helion Technologies Inc							
3. Principal Office Address 3000 Falls Road Suite 300			City Baltimo	City State MD			Zip 21211	
4. NAICS Code 541511 5. State of Incorporation Maryland	6. Brief description of the character of business conducted in Rhode Island IT Services Provider							
7. List ALL officers (names and addresses) President Name Erik S Nachbahr			Vice-Presid	Check the box to indicate an attachment  Vice-President Name				
Street Address 1216 Broadway Road			Street Addr	Street Address				
City Timonium	State MD	<sup>Zip</sup> 21093	City		State		Zip	
Secretary Name			Treasurer N	Treasurer Name				
Street Address			Street Addr	Street Address				
City	State	Zip	City		State		Zip	
B. List ALL directors (names and addresses)     Director Name  Street Address				Check the box to indicate an attachment  Director Name  Street Address				
City State Zıp			City State Zip					
Director Name		<u> </u>	Director Na	Director Name				
Street Address				Street Address				
					Total			
City	State	Zip 	City	<u> </u>			<u> </u>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		k the box to indicate an attachment SS/SERIES PAR VALUE  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  Erik S Nachbahr								
Signature of Authorized Representative								
FILED 9:52 A								
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