RI SOS Filing Number: 202576926900 Date: 7/15/2025 12:45:00 PM

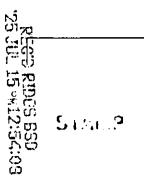


State of Rhode Island Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)



| | | gn corporation hereby applies for an Rhode Island, and for that purpose submits | | | |
|---|--|---|--|--|--|
| 1. Entity ID Number: | 2. The name of the corporation is: | | | | |
| 001704039 | Oncology Analytics, Inc. | | | | |
| 3. It is incorporated under the laws of: | | 4. List the date the Certificate of Authority was issued by the RI Department of State: | | | |
| Delaware | | 01/27/2020 | | | |
| 5. If the entity's name has cha state the new name: | anged, | | | | |
| | · | Check box to indicate no change | | | |
| 6. The name, if different, whic | h it elects to use in Rhode Island | d is: | | | |
| "incorporated," or "limited," or above corporate endings for a (b) If the corporate name is no corporation will transact busin application: | an abbreviation thereof, then lisuse in Rhode Island: ot available in Rhode Island, the less in Rhode Island as stated in | ation does not contain the word "corporation," "company," at the name of the corporation with the addition of one of the set forth below the fictitious name under which the in the "Fictitious Business Name Statement" to be filed with the | | | |
| 7. If the entity's purpose is characted in the State of Rhode | | ection: *The new purpose should include ALL activity to be | | | |
| Check the box to indicate an a | attachment | Check box to indicate no change | | | |

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 12:45 P

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BY PX329

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

| NUMBER OF SHARES CLASS SERIES | | SERIES PA | PAR VALUE OR STATE NO PAR VALUE | | |
|---|---|--|---------------------------------|--|---------------------|
| 1,000 | Common | None .0 | .001 | | |
| | | | | | |
| Check the box to indicate | | | | box to indicate | no change |
| of the corporation to be l | ocated within this stat poration to be owned i | portion that the estimated value of the posterior that the following year bears to the during the following year, wherever local during the following year, where years are the following year, where years are the following year, where years are the following years are the foll | value | 0 | % |
| 8b. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.) | | | | .079 | % |
| | | tion has paid all fees and taxes. | | | |
| 0. Except as herein modereby confirmed, ratified | dified, the original App d and incorporated by | plication for Certificate of Authority conti reference into this Application for Amer | inues in funded Cert | ill force and efforce of Autho | ect and is rity. |
| 1 Date when the Amen | ded Certificate of Auti | hority will be effective: CHECK ONE BO | X ONLY | | |
| But when the Amen | | | | | |
| Date received (Upor | n filing) | | | | |
| ✓ Date received (Upor | | re than 90 days from the date of filing) | | | |
| ✓ Date received (Upor Later effective date) 12. Under penalty of perjoral | (Date must be no mor | re than 90 days from the date of filing) _ rm that I have examined this Application I that all statements contained herein ar | n for Amer | nded Certificate | of Authority, |
| ✓ Date received (Upor Later effective date) 12. Under penalty of perjoral | (Date must be no moi ury, I declare and affii ring attachments, and | m that I have examined this Application | n for Amer re true and | nded Certificate d correct. Date | of Authority, |
| Date received (Upor Later effective date 12. Under penalty of perincluding any accompany | (Date must be no moi ury, I declare and affii ring attachments, and | m that I have examined this Application | n for Amer re true and | d correct. | of Authority, |

Authorized Shares

Authorized shares: 1,000

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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:

July 15, 2025 12:45 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

