State of Rhode Island
Office of the Secretary of State

Fee: $310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Event Risk Inc.

SECTION II

It is incorporated under the laws of State: IN Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:
(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island* ***OR***
(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 8/14/2020

and the period of its duration is **X** Perpetual __

SECTION V

The location of its principal office is

No. and Street: 700 N. SAINT MARYS STREET SUITE 1400
City or Town: SAN ANTONIO State: TX Zip: 78205 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 222 JEFFERSON BLVD.
SUITE 200
City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is INCORP SERVICES, INC.

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
SECURITY SERVICES

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ERIC ROSE	700 NORTH SAINT MARYS ST SUITE 1400 SAN ANTONIO, TX 78205 USA
TREASURER	ERIC ROSE	700 NORTH SAINT MARYS ST SUITE 1400 SAN ANTONIO, TX 78205 USA
SECRETARY	ERIC ROSE	700 NORTH SAINT MARYS ST SUITE 1400 SAN ANTONIO, TX 78205 USA
DIRECTOR	ERIC ROSE	700 NORTH SAINT MARYS ST SUITE 1400 SAN ANTONIO, TX 78205 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ERIC ROSE	700 NORTH SAINT MARYS ST SUITE 1400 SAN ANTONIO, TX 78205 USA
TREASURER	ERIC ROSE	700 NORTH SAINT MARYS ST SUITE 1400 SAN ANTONIO, TX 78205 USA
SECRETARY	ERIC ROSE	700 NORTH SAINT MARYS ST SUITE 1400 SAN ANTONIO, TX 78205 USA
DIRECTOR	ERIC ROSE	700 NORTH SAINT MARYS ST SUITE 1400 SAN ANTONIO, TX 78205 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Num of Shares*	
CWP			$1,000.0000	100.00

Signed this 8 Day of August, 2025 at 2:40:01 PM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By ERIC ROSE

Signature of Authorized Officer of the Corporation

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State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

EVENT RISK INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 14, 2020, and was in existence or authorized to transact business in the State of Indiana on August 05, 2025.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 05, 2025

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202008141414586 / 20254557708
All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on September 04, 2025.

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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:

August 08, 2025 02:39 PM

Gregg M. Amore
Secretary of State