**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 ELEDON PHARMACEUTICALS, INC.

**SECTION II**

It is incorporated under the laws of State: DE 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 3/26/2004

and the period of its duration is X Perpetual ___

**SECTION V**

The location of its principal office is

No. and Street: 19800 MACARTHUR BLVD STE 250
City or Town: IRVINE State: CA Zip: 92612 Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is
No. and Street: 700 NARRAGANSETT PARK DR STE 100
City or Town: PAWTUCKET State: RI Zip: 02861

and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT LLC

**SECTION VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
CLINICAL STAGE R&D PHARMACEUTICAL COMPANY

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | STEVEN PERRIN | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| TREASURER | PAUL LITTLE | 19800 MACARTHUR BLVD, SUITE 250<br>IRVINE, CA 92612 USA |

| | | |
|---|---|---|
| SECRETARY | BRYAN SMITH | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| VICE PRESIDENT | STEVEN PERRIN | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | KEITH KATKIN | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | DAVID-ALEXANDRE GROS | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | JAN HILLSON | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | JOHN MCBRIDE | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | JUNE LEE | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | ALLAN KIRK | 19800 MACARTHUR BLVD, STE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | JAMES ROBINSON | 19800 MACARTHUR BLVD STE 250<br>IRVINE, CA 92612 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**<br>First, Middle, Last, Suffix | **Address**<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | STEVEN PERRIN | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| TREASURER | PAUL LITTLE | 19800 MACARTHUR BLVD, SUITE 250<br>IRVINE, CA 92612 USA |
| SECRETARY | BRYAN SMITH | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| VICE PRESIDENT | STEVEN PERRIN | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | KEITH KATKIN | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | DAVID-ALEXANDRE GROS | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | JAN HILLSON | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | JOHN MCBRIDE | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | JUNE LEE | 19800 MACARTHUR BLVD SUITE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | ALLAN KIRK | 19800 MACARTHUR BLVD, STE 250<br>IRVINE, CA 92612 USA |
| DIRECTOR | JAMES ROBINSON | 19800 MACARTHUR BLVD STE 250<br>IRVINE, CA 92612 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<br>*Num of Shares* | |
|---|---|---|---|---|
| CWP | | | $0.0100 | 300,000,000.00 |

**Signed this 20 Day of August, 2025 at 11:06:15 AM 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 STEVEN PERRIN
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

# Delaware

The First State



*I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELEDON PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF AUGUST, A.D. 2025.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELEDON PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2004.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3782904 8300

Authentication: 204508519

SR# 20253711098

Date: 08-19-25

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

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 20, 2025 11:04 AM

Gregg M. Amore
*Secretary of State*