



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

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

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Delaware

The First State

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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.



3782904 8300

SR# 20253711098

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

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204508519

Date: 08-19-25