RI SOS Filing Number: 202578261450 Date: 9/17/2025 12:37:00 PM

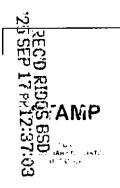


State of Rhode Island Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

The name of the corporation is:							
Neuroam, Inc.							
2. It is incorporated under the laws of: Delaware							
3. The name, if different, which it elects to use in Rhode Island is:							
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:							
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:							
4. The date of its incorporation is: September 15, 2025							
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution							
5. The address of its principal office is:							
RIHUB, 225 Dyer St. Floor 2, Providence, RI 02903							
6. The name and address of the initial registered agent/office in Rhode Island:							
Agent Name Corporation Service Company							
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200							
City/Town Warwick State RHODE ISLAND Zip Code 02888							

MAIL TO:

Division of Business Services 148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 17 2025 | SEP 17 2025 | BY 5003 | R

7. The purpose or purpo	oses which it p	roposes to pu	ursue in the	transaction	of busines	ss in Rhode Island are:
Minimally invasive neur	otechnology fo	r seizure dete	ection and	management	t.	
8. (a) The names and restate or country of which			lirectors (or	otional, unles	s directors	s are required under the laws of the
NAME		ADDRESS				
Connor Macken		RIHUB, 225 Dyer St. Floor 2, Providence, RI 02903				
			· - ·			
••••						
		1			Chec	k the box to indicate an attachment
8. (b) The names and re of the state or country of	•	•	rincipal offi	cers (manda	tory if dire	ctors are not required under the laws
OFFICE	NAME			ADDRESS		
PRESIDENT						
Chief Executive Officer	Connor Macken			RIHUB, 225 Dyer St. Floor 2, Providence, RI 02903		
VICE PRESIDENT						
TREASURER	Connor Macken			RIHUB, 225 Dyer St. Floor 2, Providence, RI 02903		
SECRETARY						
	1			<u> </u>	Chec	ck the box to indicate an attachment
9. The aggregate numb par value, and series, if			ithority to is	ssue; itemize	d by class	es, par value of shares, shares without
NUMBER OF SHARES	CLAS	SS		SERIES		PAR VALUE OR STATE NO PAR VALUE
10,000,000	Common					\$0.00001
			-			
						
	during the follo	owing year b	ears to the	value of all p	roperty of	property of the corporation to be the corporation to be owned during
100 %						
	siness in Rhode pration during the	e Island durin	ng the follow	ving year cor	mpared to	s to be transacted by the corporation the gross amount thereof which will be from worksheet.)
^	-					

12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of				
13. Date when the Certificate of Authority will be effective: CHEC	CK ONE BOX ONLY				
✓ Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the date of filing)					
14. Under penalty of perjury, I declare and affirm that I have example any accompanying attachments, and that all statements contains	•				
Type or Print Name of Authorized Officer	Date				
Connor Macken	September 16 2025				
Signature of Authorized Officer of the Corporation					
Connor Macken					

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Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "NEUROAM, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEUROAM, INC."

WAS INCORPORATED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Charuni Patibanda At

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 204771299

Date: 09-17-25

10329484 8300 SR# 20253994031 RI SOS Filing Number: 202578261450 Date: 9/17/2025 12:37:00 PM



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:

September 17, 2025 12:37 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

