



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 WELLNOVA SOLUTIONS INC

SECTION II

It is incorporated under the laws of State: TN Country: US

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 4/9/2024

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 354 DOWNS BLVD
STE 101A

City or Town: FRANKLIN State: TN Zip: 37064 Country: US

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 700 NARRAGANSETT PARK DRIVE
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 REGISTERED AGENTS INC

SECTION VII

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

ECOMMERCE DIRECT TO CONSUMER SALES OF HOMEGOODS AND ELECTRONICS.

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	EDGARAS NAUSEDA	354 DOWNS BLVD STE 101A FRANKLIN, TN 37064 US
PRESIDENT	EDGARAS NAUSEDA	354 DOWNS BLVD STE 101A FRANKLIN, TN 37064 US
DIRECTOR	EDGARAS NAUSEDA	354 DOWNS BLVD STE 101A FRANKLIN, TN 37064 US
DIRECTOR	EDGARAS NAUSEDA	354 DOWNS BLVD STE 101A FRANKLIN, TN 37064 US

(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	EDGARAS NAUSEDA	354 DOWNS BLVD STE 101A FRANKLIN, TN 37064 US
PRESIDENT	EDGARAS NAUSEDA	354 DOWNS BLVD STE 101A FRANKLIN, TN 37064 US
DIRECTOR	EDGARAS NAUSEDA	354 DOWNS BLVD STE 101A FRANKLIN, TN 37064 US
DIRECTOR	EDGARAS NAUSEDA	354 DOWNS BLVD STE 101A FRANKLIN, TN 37064 US

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			\$1.0000	100.00

Signed this 21 Day of January, 2026 at 12:01:28 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 EDGARAS NAUSEDA
Signature of Authorized Officer of the Corporation



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/

GABRIEL ALEXANDER PINCUS
1574 WOODBERRY COURT
BRENTWOOD, TN 37027, USA

01/07/2026

Request Type: Certificate of Existence/Authorization

Issuance Date: 01/07/2026

Request #: C2026001568

Document Receipt

Order Number: C2026001568

Verification #: 3BBBF8F7

Receipt #: 2026-25128

Filing Fee: \$20.00

Payment: Credit Card - 3913283329

\$20.00

Entity Name: WELLNOVA SOLUTIONS INC

SOS Control #: 001530076

Initial Filing Date: 04/09/2024

Entity Type: For-profit Corporation

Formation Locale: TENNESSEE

Status: Active

Duration Term: Perpetual

Fiscal Year Close: December

Annual Report Due: 04/01/2027

Business County: Williamson

Shares of Stock: 100

Obligated Member Entity: No

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

WELLNOVA SOLUTIONS INC

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Verification #: 3BBBF8F7