

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **KOANN THERAPEUTIC SERVICES INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Rhode Island**.
5. The date of organization is **7/21/2021** and the period of duration is **perpetual**.

7. Principal Office

382 Thayer St
Providence, RI 02906

8. Required Representatives

| | | | | | |
|------------------|------------|---------------|------------|----|-------|
| Secretary | Akos Antwi | 382 Thayer St | Providence | RI | 02906 |
| Director | Abby Antwi | 382 Thayer St | Providence | RI | 02906 |
| Officer | Akos Antwi | 382 Thayer St | Providence | RI | 02906 |

9. Registered Agent/Office

United States Corporation Agents, Inc.
9900 Corporate Campus Drive, Suite 3000
Louisville, KY 40223

I, **CHEYENNE MOSELEY, ASSISTANT SECRETARY**, consent to sign for **United States Corporation Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, August 30, 2023

As the Authorized Representative, I, **Akos Antwi**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Secretary**