



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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2020 AUG -6 PM 12: 24

**Application for Certificate of Authority**

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:

1. The name of the corporation is: <b>The Garland Company, Inc.</b>		
2. It is incorporated under the laws of: <b>Ohio</b>		
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: <b>04/28/1988</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>3800 E91st ST, Cleveland, OH 44105</b>		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <b>Corporation Service Company</b>		
Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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

**Out of State Manufacturer**

8. (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):

NAME	ADDRESS

Check the box to indicate an attachment

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment

9. 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:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
<b>750.00</b>	<b>Common</b>		<b>No Par</b>

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0.00 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0.6123 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

CHARLES RIPEPI

Date

06/26/2020

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

First Name, Last Name	Role	Title	Address
Charles Ripepi	Director	Director	3800 E 91st ST, Cleveland, OH 44105
Charles Ripepi	Officer	Chief Financial Officer	3800 E 91st ST, Cleveland, OH 44105
Charles Ripepi	Officer	Treasurer	3800 E 91st ST, Cleveland, OH 44105
David Sokol	Director	Chairman	3800 E 91st ST, Cleveland, OH 44105
David Sokol	Officer	Chief Executive Officer	3800 E 91st ST, Cleveland, OH 44105
David Sokol	Officer	President	3800 E 91st ST, Cleveland, OH 44105
Joseph Orlando	Director	Director	3800 E 91st ST, Cleveland, OH 44105
Joseph Orlando	Officer	Secretary, VP	3800 E 91st ST, Cleveland, OH 44105
Richard DeBacco	Director	Director	3800 E 91st ST, Cleveland, OH 44105
Richard DeBacco	Officer	Vice President	3800 E 91st ST, Cleveland, OH 44105
Scott Craft	Officer	Vice President	3800 E 91st ST, Cleveland, OH 44105
Sean Mulligan	Director	Director	3800 E 91st ST, Cleveland, OH 44105
Sean Mulligan	Officer	Vice President	3800 E 91st ST, Cleveland, OH 44105
William Oley	Director	Director	3800 E 91st ST, Cleveland, OH 44105
William Oley	Officer	Vice President	3800 E 91st ST, Cleveland, OH 44105

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UNITED STATES OF AMERICA  
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OFFICE OF THE SECRETARY OF STATE

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*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THE GARLAND COMPANY, INC., an Ohio corporation, Charter No. 723771, having its principal location in Cleveland, County of Cuyahoga, was incorporated on April 28, 1988 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of July, A.D. 2020.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202021004354



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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 06, 2020 12:24 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

