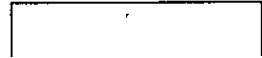




State of Rhode Island  
**Department of State - Business Services Division**



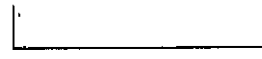
**Application for Certificate of Authority**  
 FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 JUL -6 P 12:42

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:  Duke Energy Commercial Enterprises, Inc.		
2. It is incorporated under the laws of:                      Indiana		
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:                      10/08/1992		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) Date certain for dissolution _____		
5. The address of its principal office is:  139 East Fourth Street, Cincinnati, OH 45202		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name                      C T Corporation System		
Street Address ( <u>NOT</u> a P.O. Box)                      450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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

**FILED**                      **STAMP**

JUL 06 2021

BY CA 5V40P

12:42

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  
 Provides work force management, operations and maintenance activities at facilities, and engages in development activities.

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
Christopher M. Fallon	550 South Caldwell Street, Charlotte, NC 28202
Melisa B. Johns	400 South Tryon Street, Charlotte, NC 28202
Ronald R. Reising	550 South Tryon Street, Charlotte, NC 28202

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	Christopher M. Fallon	550 South Caldwell Street, Charlotte, NC 28202
VICE PRESIDENT	T. Cooper Monroe III	550 South Tryon Street, Charlotte, NC 28202
TREASURER	Michael S. Hendershott	550 South Tryon Street, Charlotte, NC 28202
SECRETARY	Nancy M. Wright	550 South Tryon Street, Charlotte, NC 28202

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
100,000,000	Common		No par value
20,000,000	Preferred		\$100 par value

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.)

0.16 %

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.*

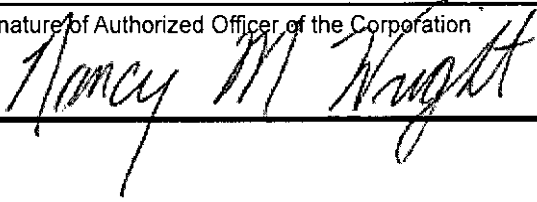
Type or Print Name of Authorized Officer

Nancy M. Wright

Date

June 29, 2021

Signature of Authorized Officer of the Corporation



**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).**

FORM 150 - Revised: 08/2020

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

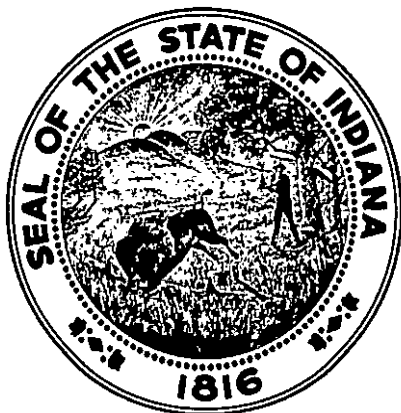
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**DUKE ENERGY COMMERCIAL ENTERPRISES, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 08, 1992, and was in existence or authorized to transact business in the State of Indiana on June 29, 2021.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 29, 2021

A handwritten signature in cursive script that reads "Holli Sullivan".

HOLLI SULLIVAN  
SECRETARY OF STATE

1992100362 / 20212085297

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 29, 2021.



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:

July 06, 2021 12:42 PM

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

Nellie M. Gorbea  
*Secretary of State*

