



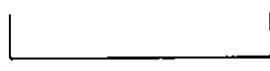
Application for Certificate of Authority FOREIGN Business Corporation

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OFFICE OF THE CLERK

→ Filing Fee: \$310.00 minimum

2023 MAY 25 P 1:30

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: ARI Network Services, Inc.		
2. It is incorporated under the laws of: Wisconsin		
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: 07/23/1981		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 4949 Meadows Road, Suite 150, Lake Oswego, OR 97035		
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

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MAY 25 2023
BY 6JQRV

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

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
See Attached	

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	See Attached	
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
10,000	Common		\$0.010000

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.)

0.00 %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Type or Print Name of Authorized Officer Andrea Flanagan	Date 5/8/2023
Signature of Authorized Officer of the Corporation <small>DocuSigned by:</small>  <small>D75588DA9CB142C</small>	

Attachment for Officers's and Director's: ARI Network Services, Inc.

Name	Title	Address
Adam H. Clammer	Director	4949 Meadows Road, Suite 150, Lake Oswego, OR 97035
David Hirsch	Director	4949 Meadows Road, Suite 150, Lake Oswego, OR 97035
Tim MacDonald	Director	4949 Meadows Road, Suite 150, Lake Oswego, OR 97035
Tim MacDonald	President & CEO	4949 Meadows Road, Suite 150, Lake Oswego, OR 97035
Bradley Jewett	Secretary, Treasurer, & CFO	4949 Meadows Road, Suite 150, Lake Oswego, OR 97035
Andrea Flanagan	General Counsel	4949 Meadows Road, Suite 150, Lake Oswego, OR 97035
Matthew Erickson	CRO	4949 Meadows Road, Suite 150, Lake Oswego, OR 97035

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ARI NETWORK SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 23, 1981.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 05, 2023.

A handwritten signature in black ink, appearing to read "Craig Heilman".

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **360958-469A738A**



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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:

May 25, 2023 01:30 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

