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State of Rhode Island
Department of State - Business Services Division

## **Application for Transfer of Authority**

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provisions of RIGL Title <u>Z</u>, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number:	2. The full name of the entity filing this application is:			
000019882	Ricoh USA, Inc.			
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)				
Limited Liability Company	• · _	Corporation	Non-Profit Corporation	
Limited Partnership	🛄 Limited Li	ability Partnership		
4. The applicant submits this application for the purpose of transferring its authority to a. (CHECK ONE BOX ONLY)				
Limited Liability Company (RIGL 7-16-52.1)				
Non-Profit Corporation (RIGL 7-6-80.1)				
Limited Liability Partnership (RIGL Title 7. as applicable)				
5. The date the applicant qualified to conduct business in 6. The jurisdiction upon transfer of authority is:				
Rhode Island is: 10 - 20 - 1980		Delaware		
7. The name of the entity following the transfer of authority is:				
Ricoh USA, Inc.				
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY				
Application for registration for a Limited Liability Company				
Application for certificate of authority for a Business Corporation				
Application for certificate of authority for a Non-Profit Corporation				
Certificate of registration for a Limited Partnership				
Notice of registration for a registered Limited Liability Partnership				
8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good				
Standing/Legal Existence from the current jurisdiction of the entity.				
			STAMP	

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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FORM 612- Revised 09/2020

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TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTH Under penalty of perjury, I/we declare and affirm that I/we have e ing any accompanying attachments, and that all statements con	examined this Application for Transfer of Authority, includ- tained herein are true and correct and that the undersigned
is authorized to sign this certificate on behalf of the entity set for Type or Print Name of Limited Liability Company	ih above.
Type of Fille Hanna of Enning Farming Avenyany	
Signature of Authorized Person	Date
Signature of Authorized Person	Date
Type or Print Name of Corporation	
Ricoh USA, Inc.	
Signapure of Authorized Person Unistine Ciarrocchi	Date 5/25/2023
Signature of Authorized Person	Date
Type or Print Name of Partnership	
Signature of Partner	Date
Signature of Partner	Date
Signature of Partner	Date
Type or Print Name of Other Entity	<u> </u>
Signature of Authorized Person	Date
Signature of Authorized Person	Date

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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.

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 26, 2023 12:08 PM

Areg M. Couve

Gregg M. Amore Secretary of State

