RI SOS Filing Number: 201861428150 Date: 4/2/2018 11:35:00 AM



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

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

SECRETARY OF STATE CORPORATIONS DIV

Application for Certificate of Authority Foreign Business Corporation

Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:

i. The name of the corporation is:			
Al International, Inc.	·		
2. It is incorporated under the laws of:	Kentucky		
3. The name, if different, which it elects to use in Rhod	le Island is:		
	ncorporation does not contain the word "corporation", "company", then list the name of the corporation with the addition of one of		
	and, then set forth below the fictitious name under which the e Island as stated in the "Fictitious Business Name Statement" to		
4. The date of its incorporation is:	03/17/2011		
And the period of its duration is: CHECK ONLY ONE I Perpetual (on-going) Date certain for dissolution	вох		
5. The address of its principal office is:			
3. The address of its principal office is.			
8055 National Turnpike, Louisville, Kentucl	ky 40214		

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BY 327861

Form No. 150 Revised: 2016

6. The name and addre	ess of the initial	registered ag	jent/office	of in Rhode Island:		
Agent Name Regist	tered Agent	Solutions,	Inc.			
Street Address (NOT a	P.O. Box) 22:	2 Jeffersor	n Blvd.,	Suite 200		
City/Town Warwick			State RH0	ODE ISLAND	Zip Code 02888	
7. The purpose or purp	poses which it pr	roposes to pu	irsue in the	e transaction of bus	siness in Rhode Island are:	
Installation of ind		· -··				
8. (a) The names and r state or country of which			rectors (or	ptional, unless direc	ctors are required under the laws of the	
NAME				ADDR	ESS	
Leland E Boren		1909 S Ma	ain St, P	PO Box 548, Upl	iand, IN 46989	
John F. Senninger	r	8055 Nati	onal Tu	rnpike, Louisvil	ile, KY 40214	
Martha R. Songer		1909 S Ma	ain St, P	PO Box 548, Upl	land, IN 46989	
Barry W. Jennings	š	8055 Natio	onal Tu	rnpike, Louisvil	lle, KY 40214	
					k the box to indicate an attachment.	
8. (b) The names and relaws of the state or cou	•	•	•	icers (mandatory if	directors are not required under the	
OFFICE		NAME		ADDRESS		
PRESIDENT	John F. Se	nninger		8055 National Turnpike, Louisville KY 40214		
VICE PRESIDENT						
TREASURER	Rhonda Fa	Rhonda Faith Smith		8055 National	8055 National Turnpike, Louisville KY 40214	
SECRETARY	Angela M. Darlington		1	1909 S Main S	St, PO Box 548, Upland In 46989	
				Check	the box to indicate an attachment.	
The aggregate numb without par value, and s			-	ssue; itemized by cla	lasses, par value of shares, shares	
NUMBER OF SHARES	CLAS			RIES	PAR VALUE OR STATE NO PAR VALUE	
50,000	Commor	<u>n</u>			No Par Value	
						
	-					
	<u> </u>					

Form No. 150 Revised: 2016

10. (a) Estimate, in dollars, the value of all proper located:	erty to be owned by the corporation for the follow	ving year, wherever				
\$_2,100,000.00						
(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:						
\$ <u></u>						
(c) Estimate, as a percentage, 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: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.						
0 %						
11. (a) Estimate, in dollars, the gross amount of bu	siness to be transacted by the corporation during	the following year.				
\$_62,000,000.00						
(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.						
\$_ ⁰						
(c) Estimate, as a percentage, 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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>						
0 %						
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.						
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX						
Date received (Upon filing)						
Later effective date (Date must be no more than 90 days from the day 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.						
Signature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer	Date				
ANAVERDE LIMENT HERE	Angela M. Darlington 03/23/2018					
1						

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.

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 200373

Visit https://app.sos.ky.gov/ftshow/certvalidate_aspx to authenticate_this_certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Al International, Inc.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is March 17, 2011 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filled; and that the most recent annual report required by KRS\14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 19th day of March 2018, in the 226th year of the

Commonwealth.\



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

200373/0787232

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

April 02, 2018 11:35 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

