



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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STATE
SECRETARY OF STATE
CORPORATIONS DIV.
2018 OCT 23 AM 11:15

1. The name of the corporation is Spacesaver Storage Systems 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: 4/20/1981 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 1450 Janesville Ave, Fort Atkinson, WI 53538		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name CT Corporation system Street Address (NOT 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

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BY **STP4X**
A.A. 11:15 A.M.

FORM 150 - Revised 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
sell shelving and mobile storage units

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
Richard J Resch	1330 Bellevue St, Green Bay, WI 54302
Robert M Charles	1330 Bellevue St, Green Bay, WI 54302

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	Mark Haubenschild	1450 Janesville Ave, Fort Atkinson, WI 53538
VICE PRESIDENT	Laurel Harrison	1450 Janesville Ave, Fort Atkinson, WI 53538
TREASURER	John Straw	1450 Janesville Ave, Fort Atkinson, WI 53538
SECRETARY	Robert M Charles	1330 Bellevue St, Green Bay, WI 54302

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
2800	Common Class A		No Par value
1			

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 %

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)

1 %

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

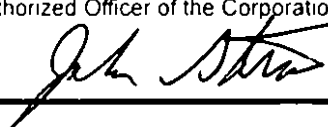
Type or Print Name of Authorized Officer

John Straw

Date

10/3/18

Signature of Authorized Officer of the Corporation

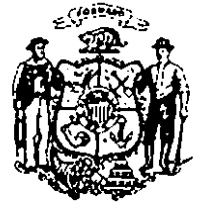


SIGN DOCUMENT HERE

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:

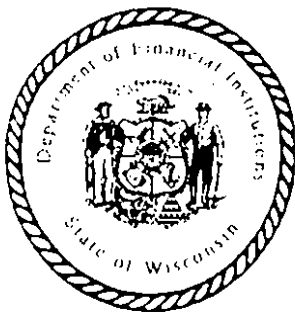
I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

SPACESAVER STORAGE SYSTEMS, 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 April 20, 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, 181.1622 or 183.0120 Wis. Stat., and that it has not filed articles of dissolution.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 03, 2018.

MARY ANN MCCOSHEN, 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 228940-DAAED0E6



State of Rhode Island and Providence Plantations
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
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:

October 23, 2018 11:15 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

