



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2020 MAR 25 PM 10:18

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

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL ~~7-1.2-1495~~, 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: <b>Trauma-Recon Corp.</b>		
2. It is incorporated under the laws of: <b>New York</b>		
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: <b>05/09/2005</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>3 Haskin Court, Montgomery, NY 12549</b>		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <b>InCorp Services, Inc.</b>		
Street Address (NOT a P.O. Box) <b>222 Jefferson Blvd., Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

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

**FILED**

MAR 25 2020

BY [Signature] 29DRV  
 10:18

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

pediatric orthopedic implant distribution

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
Timothy Hinspeter	3 Haskin Court, Montgomery, NY 12549

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	Timothy Hinspeter	3 Haskin Court, Montgomery, NY 12549
VICE PRESIDENT	Timothy Hinspeter	3 Haskin Court, Montgomery, NY 12549
TREASURER	Timothy Hinspeter	3 Haskin Court, Montgomery, NY 12549
SECRETARY	Timothy Hinspeter	3 Haskin Court, Montgomery, NY 12549

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
20,000	Common		\$1.00 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 \_\_\_\_\_ %

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.)

0.01 \_\_\_\_\_ %

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

Timothy Hinspeter

Date

03/19/2020

Signature of Authorized Officer of the Corporation



RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

**State of New York  
Department of State**

} ss: 2020 MAR 25 PM 10: 18

I hereby certify, that the Certificate of Incorporation of TRAUMA-RECON CORP. was filed on 05/09/2005, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 19th day of March two  
thousand and twenty.*

*Brendan C. Hughes*

*Brendan C Hughes  
Executive Deputy Secretary of State*