



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV.

2021 MAR -1 P 12:21

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: ☒ Eppendorf Holding, Inc.		
2. It is incorporated under the laws of: ☒ Delaware		
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: ☒ 11/29/1999		
And the period of its duration is: CHECK ONE BOX ONLY ☒		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
5. The address of its principal office is: ☒ 175 Freshwater Blvd. Enfield, CT 06082		
6. The name and address of the initial registered agent/office in Rhode Island: ☒		
Agent Name Corporation Service Company		
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

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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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: **12**

Holding/Shared Services

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): **12**

NAME	ADDRESS
Dennis Barger	175 Freshwater Blvd., Enfield, CT 06082
Eva Van Pelt	175 Freshwater Blvd., Enfield, CT 06082

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): **12**

OFFICE	NAME	ADDRESS
PRESIDENT	Andrew Hauser	175 Freshwater Blvd., Enfield, CT 06082
VICE PRESIDENT	Joe Ann Smith	175 Freshwater Blvd., Enfield, CT 06082
TREASURER	Pam Coverdill	175 Freshwater Blvd., Enfield, CT 06082
SECRETARY	Pam Coverdill	175 Freshwater Blvd., Enfield, CT 06082

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: **12**

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
10,000	common		0.1

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.) **12**

_____01_____ %

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.) **12**

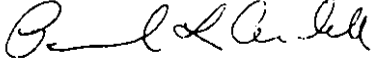
_____0_____ %

8b. Officers continued

Matthew Brosnan

Vice President

175 Freshwater Blvd.
Enfield, CT 06082

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 ?	
☒ Date received (Upon filing)	
☐ 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 Pamela L. Coverdill	Date 2/12/21
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE	

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EPPENDORF HOLDING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPPENDORF HOLDING, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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BUS SVCS DIV
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SR# 20210213772

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202360483

Date: 01-25-21



State of Rhode Island

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,
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:

March 01, 2021 12:27 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

