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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL 13 P 12: 08

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:

1. The name of the corporation is:

Winsupply Pawtucket RI Co.

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: **06/22/2021**

And the period of its duration is: **CHECK ONE BOX ONLY**

- [x] Perpetual (on-going)
- [ ] Date certain for dissolution _____

5. The address of its principal office is:

c/o WGS - Compliance Services 3110 Kettering Blvd Moraine OH 45439-1924

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name **Corporation Service Company**

Street Address (NOT a P.O. Box) **222 Jefferson Boulevard, Suite 200**

City/Town	State	Zip Code
Warwick	**RHODE ISLAND**	**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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FORM 150 - Revised: 12/2017

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

Wholesale distribution and retail sales of domestic industrial goods and supplies - plumbing

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
John W. Simmons	**3110 Kettering Blvd Moraine OH 45439-1924**
Andrew C. Holmes	**3110 Kettering Blvd Moraine OH 45439-1924**
Robert W. Ferguson	**3110 Kettering Blvd Moraine OH 45439-1924**
Edmund F. Benvie Jr.	**91 Sprague St Hyde Park MA 02136-2023**

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	**John W. Simmons**	**3110 Kettering Blvd Moraine OH 45439-1924**
VICE PRESIDENT	**Andrew C. Holmes**	**3110 Kettering Blvd Moraine OH 45439-1924**
TREASURER	**Sean W. Culler**	**3110 Kettering Blvd Moraine OH 45439-1924**
SECRETARY	**Michael S. Kirkland**	**3110 Kettering Blvd Moraine OH 45439-1924**

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
5,000	**Common**		**$1.00**

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 %

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	Date
Sean W. Culler, Treasurer	**06/22/2021**

Signature of Authorized Officer of the Corporation

SIGN DOCUMENT HERE

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.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WINSUPPLY PAWTUCKET RI CO." 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-EIGHTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINSUPPLY PAWTUCKET RI CO." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2021.

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

Jeffrey W. Bullock, Secretary of State

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

Authentication: 203545860

Date: 06-28-21