RI SOS Filing Number: 202103299110 Date: 10/15/2021 12:13:00 PM



## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

STAIVING TOR

Pursuant to the provisions of <u>RIGL 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:

or that purpose submits the lollowing statement						
1. The name of the corporation is:						
Integrated Equipment Services Inc.						
2. It is incorporated under the laws of:	Massach	nusetts				
3. The name, if different, which it elects to use in Rho	ode Island is.					
(a) If the name of the corporation in its jurisdiction of fincorporated, or "limited," or an abbreviation thereo 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:	Aug 11, 2020					
And the period of its duration is: CHECK ONE BOX  Perpetual (on-going)	ONLY					
Date certain for dissolution						
5. The address of its principal office is:						
1 Portview Road, Avonmouth, Bristol, BS11 9LS, UK						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name	·					
COGENCY GLOBAL INC.						
Street Address (NOT a P.O. Box)						
222 Jefferson Boulevard						
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 FILESTAMP

OCT 1 5 202125

EOPM 150 - Payend ORMON

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Industrial logistics services					
Q (a) The parameter				F	
state or country of which			optional, unless o	directors are required under the laws of the	
NAME	ME		ļ.	ADDRESS	
Niels Morch c/o 1 Portview		Road,Avo	nmouth, Bristol, BS11 9LS, UK		
_					
				Check the box to indicate an attachment	
8. (b) The names and re of the state or country of			ficers (mandator	y if directors are not required under the laws	
OFFICE	NAME		ADDRESS		
PRESIDENT	Niels Morch		c/o 1 Portview Road,Avonmouth, Bristol, BS11 9LS, UK		
VICE PRESIDENT	-				
TREASURER	Matt Lanigan		c/o 1 Portvie	w Road, Avonmouth, Bristol, BS11 9LS, UK	
SECRETARY	Matt Lanigan		c/o 1 Portview Road,Avonmouth, Bristol, BS11 9LS, UK		
				Check the box to indicate an attachment	
<ol><li>The aggregate number par value, and series, if</li></ol>			issue; itemized t	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS	ss	SERIES	PAR VALUE OR STATE NO PAR VALUE	
275,000	Comr	mon		no par	
	<del></del>	<del></del>		<del>-</del> -	
	during the follo	owing year bears to the	e value of all pro	of the property of the corporation to be perty of the corporation to be owned during	
0	over located. (	redict rereamage obta	mod mom works	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
%					
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. This application must be accompanied by a <u>Certificate of Good Standing</u> formation dated within 60 days of the date of this filing.	g/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE BC	X 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 Appl accompanying attachments, and that all statements contained herein are to	
Type or Print Name of Authorized Officer	Date
Niels Morch	Oct 9, 2021
Signature of Authorized Officer of the Corporation  Niels Morch Nels Morch (OC19, 2021, 09 52 GMT+1)	



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

October 14, 2021

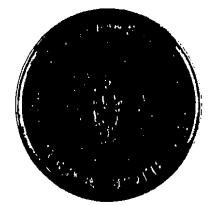
## TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

## INTEGRATED EQUIPMENT SERVICES, INC.

is a domestic corporation organized on August 11, 2020, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



Processed By: 1L

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galecin

RI SOS Filing Number: 202103299110 Date: 10/15/2021 12:13:00 PM



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:

October 15, 2021 12:13 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

