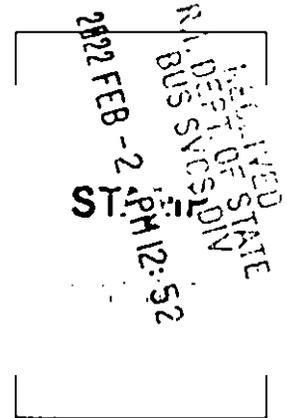




State of Rhode Island
Department of State - Business Services Division



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:

1. The name of the corporation is: MPW Industrial Water Services, Inc.		
2. It is incorporated under the laws of: Ohio		
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: 12/11/1998		
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: 9711 Lancaster Rd, Hebron, OH 43025-9764		
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 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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FEB 2 2022 12:52
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Provide water demineralization and filtration services for industrial facilities.

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
See Attached	

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	See Attached	
VICE PRESIDENT		
TREASURER		
SECRETARY		

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
850	Common	None	No 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.)

0.027 %

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

Catherine Jopling

Date

01/19/2022

Signature of Authorized Officer of the Corporation



MPW Industrial Water Services, Inc.

ATTACHMENT B

9711 Lancaster Rd SE
Hebron, OH 43025

CORPORATE OFFICERS *All officers effective 6/01/2019

Name	Title	SSN	DOB
Monte R. Black 1400 Stringtown Road NE Lancaster, OH 43130-9748	Director	[REDACTED]	[REDACTED]
Jared L. Black 1198 Elmwood Ave Columbus, OH 43212-3257	Director/ President	[REDACTED]	[REDACTED]
Kristen N. Black 907 Newark-Granville Rd Granville, OH 43023-1454	Director/ Vice President	[REDACTED]	[REDACTED]
Adam R. Black 4387 Tarrytown Ct New Albany, OH 43054-9679	Director/ Vice President	[REDACTED]	[REDACTED]
Sarah D. Pemberton 7070 Optimara Dr. NW Pickerington, OH 43147-7716	Treasurer	[REDACTED]	[REDACTED]
Catherine A. Jopling 234 E Sycamore St Columbus, OH 43206	Secretary	[REDACTED]	[REDACTED]
Michael S. Ponzani 1216 Bryden Rd Columbus, OH 43205-1901	Assistant Secretary	[REDACTED]	[REDACTED]

Phone # for Each Officer: (.

CONFIDENTIALITY NOTE: This document contains confidential, legal, professional or other privileged information solely intended for the addressee. If you are not the intended recipient, do not use the information in this document in any way, delete this document, and notify the sender.

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MPW INDUSTRIAL WATER SERVICES, INC., an Ohio corporation, Charter No. 1048294, having its principal location in Hebron, County of Licking, was incorporated on December 11, 1998 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of January, A.D. 2022.

A handwritten signature in cursive script, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 202202801232



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:

February 02, 2022 12:52 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

