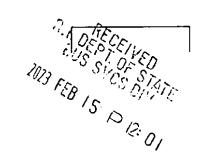
RI SOS Filing Number: 202328487640 Date: 2/15/2023 12:01:00 PM



Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)



Pursuant to the provisions of RI Amended Certificate of Authority the following statement:	GL <u>7-1,2-1411</u> , the undersig y to transact business in the	ned foreign corporation hereby applies for an State of Rhode Island, and for that purpose submits		
1. Entity ID Number:	2. The name of the co	orporation is:		
000918030		TAPE PRODUCTS COMPANY		
3. It is incorporated under t	he laws of:	4. List the date the Certificate of Authority was issued by the RI Department of State:		
	оню	4/10/2014		
5. If the entity's name has changed, state the new name:		TPC PACKAGING SOLUTIONS, INC.		
		Check box to indicate no change		
6. The name, if different, w	hich it elects to use in Rho	ode Island is:		
corporation will transact bu application:	siness in Rhode Island as	sland, then set forth below the fictitious name under which the stated in the "Fictitious Business Name Statement" to be filed with this		
7. If the entity's purpose is transacted in the State of Rho		Howing section: *The new purpose should include ALL activity to be		
Check the box to indicate a	an attachment	Check box to indicate no change		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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.

FILED

A1 R42Z

FORM 151 - Revised 12/2021

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STAT	PAR VALUE OR STATE NO PAR VALUE	
Check the box to indicate	an attachment	······································	Check box to	indicate no change	
of the corporation to be lo	ocated within this state of oration to be owned dur	ion that the estimated valu luring the following year be ing the following year, whe	ars to the value	%	
be transacted by the corp the following year compa	oration at or from place red to the gross amount	ion of the gross amount of s of business in Rhode Isla thereof which will be trans tentage obtained from work	and during sacted by the	%	
			Check box to	indicate no change	
10. As required by RIGL	7-1,2-105, the corporation	on has paid all fees and ta		indicate no change	
11. Except as herein mod	lified, the original Applic	on has paid all fees and ta ation for Certificate of Auth ference into this Applicatio	kes. ority continues in full forc	e and effect and is	
11. Except as herein mod hereby confirmed, ratified	dified, the original Applic d and incorporated by re	ation for Certificate of Auth	res. ority continues in full forc n for Amended Certificate	e and effect and is	
 Except as herein mode hereby confirmed, ratified Date when the Amend 	dified, the original Applic d and incorporated by re ded Certificate of Author	ation for Certificate of Auth ference into this Applicatio	res. ority continues in full forc n for Amended Certificate	e and effect and is	
11. Except as herein mode hereby confirmed, ratified 11. Date when the Amend Date received (Upon	dified, the original Applic d and incorporated by re ded Certificate of Author n filing)	ation for Certificate of Auth ference into this Applicatio	res. ority continues in full force of for Amended Certificate K ONE BOX ONLY	e and effect and is	
11. Except as herein mode hereby confirmed, ratified 11. Date when the Amend Date received (Upon Later effective date (Under penalty of perjury,	dified, the original Applic d and incorporated by red ded Certificate of Author in filing) (Date must be no more)	ation for Certificate of Auth ference into this Applicatio ity will be effective: CHEC	res. Tority continues in full force of for Amended Certificate K ONE BOX ONLY Tof filling) Ilication for Amended Certificate	te and effect and is a of Authority.	
11. Except as herein mode hereby confirmed, ratified 11. Date when the Amend Date received (Upon Later effective date (Under penalty of perjury, including any accompany	dified, the original Application and incorporated by reduced Certificate of Author filing) (Date must be no more to declare and affirm that in gallachments, and the	ation for Certificate of Auth ference into this Applicatio rity will be effective: CHEC than 90 days from the date	res. Tority continues in full force of for Amended Certificate K ONE BOX ONLY Tof filling) Ilication for Amended Certificate	te and effect and is a of Authority.	
11. Except as herein mode hereby confirmed, ratified 11. Date when the Amend Date received (Upon Later effective date (Under penalty of perjury,	dified, the original Application and incorporated by reduced Certificate of Author filing) (Date must be no more to declare and affirm that in gallachments, and the	ation for Certificate of Auth ference into this Application rity will be effective: CHEC than 90 days from the date of I have examined this Application and all statements contained	res. Iority continues in full force In for Amended Certificate K ONE BOX ONLY I of filing) Ilication for Amended Cert Id herein are true and core	te and effect and is a of Authority.	

RI SOS Filing Number: 202328487640 Date: 2/15/2023 12:01:00 PM



I, GREGG M. AMORE, 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 15, 2023 12:01 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

