	Offic			ite		Fee: \$310.0
	D	vivision Of Busine	ess Services			
		148 W. River	Street			
		Providence RI 02	2904-2615			
1636		(401) 222-3	3040			
Foreign Corporation Application for Cert (Section 7-1.2-1405 of t	ificate of Authority	Island, 1956, as a	mended)			
		Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Uthority Laws of Rhode Island, 1956, as amended) SECTION I D.S. INC. SECTION I SECTION II State: MA Country: USA uthority shall be effective upon filing unless a specified date is provided which shall be a date of this filing SECTION II Cts to use in Rhode Island: SECTION V S S S S S S S S S S S S S S S S S S S				
The name of the corpo	pration is <u>T.D.S. INC.</u>					
It is incorporated unde	r the lowe of State: MA		1			
		2001101 y. <u>05A</u>				
	ertificate of Authority shall be day after the date of this filir	•	ling unless a	specified date is	provided whicl	n shall be
(a) If the name of the of abbreviation thereof, a	add one of these corporate e	ode Island: the word "corpora endings for use in	ation", "comp Rhode Islan	d OR		', or an
<i>Note: If option (b) is e application</i>	lected, a Fictitious Business	Name Statement	(FORM 624	A) is required to	be filed with th	is
		SECTION IN	1			
The date of its incorpo	ration is <u>1/11/1994</u>					
and the period of its d	uration is <u>X</u> Perpetual	_				
The leastion of its prim		SECTION V	1			
The location of its prin	cipal office is					
No. and Street:	47 WOOD AVE SUITE	2				
City or Town:	BARRINGTON	S	State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>U</u>	<u>SA</u>
		SECTION V	I			
	oosed registered office in Rho					
No. and Street:		<u>IITE 2</u>				7: 02806
City or Town:	BARKINGTON			State: RI		ZIP: <u>02800</u>
and the name of its pro	pposed registered agent in R	hode Island at tha	it address is	REGISTERED A	AGENTS INC	
		ue in the transaction	on of busines		l are:	
		SECTION VI				

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK ZORK	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	MARK ZORK	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
SECRETARY	MARK ZORK	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
VICE PRESIDENT	MARK ZORK	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	MARK ZORK	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK ZORK	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	MARK ZORK	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
SECRETARY	MARK ZORK	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
VICE PRESIDENT	MARK ZORK	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	MARK ZORK	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Num of Shares	
CWP			\$1.0000	200.00

Signed this 23 Day of February, 2023 at 4:54:54 PM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By MARK ZORK

Signature of Authorized Officer of the Corporation

 $\ensuremath{\textcircled{}^{\circ}}$ 2007 - 2023 State of Rhode Island All Rights Reserved



William Francis Galvin Secretary of the Commonwealth **The Commonwealth of Massachusetts** Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: February 14, 2023

To Whom It May Concern :

I hereby certify that according to the records of this office, **T.D.S. INC.**

is a domestic corporation organized on **January 11, 1994**, 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.



In testimony of which,

I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

William Trenins Stellin

Secretary of the Commonwealth

Certificate Number: 23020311190 Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx Processed by: mas State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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 23, 2023 04:52 PM

Treng M. Course

Gregg M. Amore Secretary of State

