



State of Rhode Island  
Department of State - Business Services Division

## Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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RI DEPT. OF STATE  
BUS. SVCS. DIV.

2023 APR -6 10:49

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:		
DE-ORIENT TRANSPORT & LOGISTICS INC		
2 It is incorporated under the laws of		
MASSACHUSETTS		
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: 01/25/2022		
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		
20 BROOK HAVEN DR, APT 9, ATTLEBORO MA 02703		
6 The name and address of the initial registered agent/office in Rhode Island		
Agent Name GAFFY TRANSPORTATION LLC		
Street Address (NOT a P.O. Box) 365 SIMMONVILLE AVE, SUITE 2201		
City/Town	State	Zip Code
JOHNSTON	RHODE ISLAND	02919

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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

NON-EMERGENCY MEDICAL TRANSPORT

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
OMO NKWOR	20 BROOK HAVEN DR, APT 9 ATTLEBORO MA 02703
CHINYEM NKWOR	20 BROOK HAVEN DR, APT 9 ATTLEBORO MA 02703
OLUBUNMI OLAMILEKAN	60 BROOK HAVEN DR, APT 1A ATTLEBORO MA 02703

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	CHINYEM NKWOR	20 BROOK HAVEN DRIVE ATTLEBORO MA 02703
VICE PRESIDENT	OLUBUNMI OLAMILEKAN	60 BROOK HAVEN DRIVE ATTLEBORO MA 02703
TREASURER	OMO NKWOR	20 BROOK HAVEN DRIVE ATTLEBORO MA 02703
SECRETARY	OMO NKWOR	20 BROOK HAVE DRIVE ATTLEBORO MA 02703

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
100	CNP		0

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.)

50.00 %

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) \_\_\_\_\_

14 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

Omo Nkwo

Date

04/06/2023

Signature of Authorized Officer of the Corporation



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](mailto:corporations@sos.ri.gov).



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: March 07, 2023

To Whom It May Concern :

I hereby certify that,

**DE-ORIENT TRANSPORT & LOGISTICS INC**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on **January 25, 2022.**

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 23030119510

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: bod



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:

April 06, 2023 10:49 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

