RI SOS Filing Number: 202335849600 Date: 5/19/2023 1:43:00 PM



## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

R.I. DEPTHOF STATE BUS SYCS DIV
2023 MAY 19 P 1: 43

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:

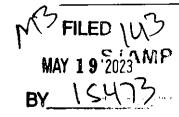
1. The name of the corporation is:						
LENOVO GLOBAL FINANCIAL SERVICES (UNITED STATES) INC.						
2. It is incorporated under the laws of: Delaware	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
3. The name, if different, which it elects to use in Rhode Island is:						
(a) If the name of the corporation 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: 03/10 2023						
And the period of its duration is: CHECK ONE BOX ONLY						
Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is:						
8001 Development Drive, Morrisville, NC 27560						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name C T Corporation System						
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A						
City/Town East Providence	State RHODE ISLAND	Zip Code 02914				

MAIL TO:

**Division of Business Services** 

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

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



7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Leasing of laptops and provision of related services					
reasing of taptops and provision of related services					
8. (a) The names and restate or country of which			directors (or	otional, unless	ss directors are required under the laws of the
NAME	······································		ADDRESS		
Dominic Corrigan	8001 Development Driv		re, Morrisville, NC 27560		
Kurt Cranor		8001 Devel	lopment Drive	e, Morrisville,	, NC 27560
Dana Ryan	8001 Development Driv		lopment Drive	e, Morrisville,	, NC 27560
		<u> </u>		<u>.</u> .	Check the box to indicate an attachment
				cers (mandat	atory if directors are not required under the laws
of the state or country of	of which it is ind				
OFFICE	ļ	NAME		ADDRESS	
PRESIDENT	Dominic Corrigan		8001 Development Drive, Morrisville, NC 27560		
VICE PRESIDENT	Kurt Cranor		8001 Development Drive, Morrisville, NC 27560		
TREASURER					
SECRETARY					
	<u> </u>		<u> </u>	<u> </u>	Check the box to indicate an attachment
9. The aggregate numb par value, and series, if			authority to is	sue; itemized	d by classes, par value of shares, shares withou
NUMBER OF SHARES	CLAS			SERIES	PAR VALUE OR STATE NO PAR VALUE
1,000	Common		1		0.010000
		1 0.01.000			
· · · · ·					
			,		
					ue of the property of the corporation to be
located within this state the following year, wher					property of the corporation to be owned during rksheet.)
6%	•				
11. An estimate, <b>as a percentage</b> , 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. ( <i>Note: Percentage obtained from worksheet.</i> )					
.1875 %	_	<b>.</b>		<b></b>	•
I					

12. This application must be accompanied by a <u>Certificate of Good St</u> formation dated within 60 days of the date of this filing.	anding/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK O	NE 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 thi accompanying attachments, and that all statements contained herein				
Type or Print Name of Authorized Officer	Date			
KURT CRANOR, VICE PRESIDENT	04/19/2023			
Signature of Authorized Officer of the Corporation				
Thut Cum				

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LENOVO GLOBAL FINANCIAL SERVICES

(UNITED STATES) INC." IS DULY INCORPORATED UNDER THE LAWS OF THE

STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

TWENTY-EIGHTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.

Authentication: 203241030

Date: 04-28-23

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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:

May 19, 2023 01:43 PM

Gregg M. Amore Secretary of State

Treg M. Coure

