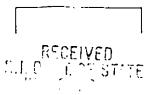


State of Rhode Island Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

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



2023 JUN 15 P 2:25

		ed foreign corporation hereby applies for an tate of Rhode Island, and for that purpose submits		
1. Entity ID Number:	2. The name of the cor	poration is:		
001683153	Hitachi Cable America Ir	nc.		
3. It is incorporated under	the laws of:	 List the date the Certificate of Authority was issued by the RI Department of State: 		
New York		04/04/2018		
5. If the entity's name has state the new name:	changed, Proterial Cable An			
		Check box to indicate no change		
	which it elects to use in Rhod			
 "incorporated," or "limited above corporate endings (b) If the corporate name corporation will transact b application: 	," or an abbreviation thereof, for use in Rhode Island: is not available in Rhode Isla business in Rhode Island as t	ncorporation does not contain the word "corporation," "company," then list the name of the corporation with the addition of one of the and, 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 I transacted in the State of Ri		owing section: *The new purpose should include ALL activity to be		
Check the box to indicate	an attachment	Check box to indicate no change X		
MAIL TO: Division of Business Servi	(45	FILED 2:25		
	nce, Rhode Island 02904-2615	.IUN 1 5 2023		

JUN 15 2023 BY_______

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.

Website: www.sos.ri.gov

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE	PAR VALUE OR STATE NO PAR VALUE	
heck the box to indicate an	Check box to in	Check box to indicate no change			
a. An estimate, as a percer f the corporation to be locat f all property of the corporat Note: Percentage obtained	ed within this state d tion to be owned dur from worksheet.)	uring the following year ing the following year, wh	bears to the value	%	
b. An estimate, as a percer te transacted by the corpora ne following year compared corporation during the follow b. If the entity's principal place	ation at or from place to the gross amount ing year, (<i>Note: Perc</i>	s of business in Rhode I thereof which will be tra entage obtained from we	sland during nsacted by the prksheet.)	%	
			Check box to ir	dicate no change	
10. As required by RIGL 7-1	2-105 the corporati	on has paid all fees and	taxes.		
1. Except as herein modifient and the second s	ed, the original Applic nd incorporated by re	ation for Certificate of Au	thority continues in full force	and effect and is of Authority.	
 Except as herein modifient hereby confirmed, ratified and the Amended 	nd incorporated by re	ation for Certificate of Au ference into this Applica	uthority continues in full force tion for Amended Certificate	and effect and is of Authority.	
nereby confirmed, ratified ar	nd incorporated by re	ation for Certificate of Au ference into this Applica	uthority continues in full force tion for Amended Certificate	and effect and is of Authority.	
nereby confirmed, ratified ar 11. Date when the Amended X Date received (Upon fil	nd incorporated by re d Certificate of Autho ing)	ation for Certificate of Au ference into this Applica	uthority continues in full force tion for Amended Certificate CK ONE BOX ONLY	and effect and is of Authority.	
nereby confirmed, ratified an 11. Date when the Amended X Date received (Upon fil Later effective date (Da	nd incorporated by re d Certificate of Autho ing) ate must be no more lectare and affirm that	ation for Certificate of Au ference into this Applica rity will be effective: CHE than 90 days from the da t I have examined this A	uthority continues in full force tion for Amended Certificate CK ONE BOX ONLY ate of filing) pplication for Amended Certi	ficate of Authority,	
nereby confirmed, ratified an 11. Date when the Amended X Date received (Upon fil Later effective date (Da	nd incorporated by re d Certificate of Autho ing) ate must be no more leclare and affirm tha g attachments, and to	ation for Certificate of Au ference into this Applica rity will be effective: CHE than 90 days from the da t I have examined this A	uthority continues in full force tion for Amended Certificate CK ONE BOX ONLY	ficate of Authority,	
nereby confirmed, ratified an 11. Date when the Amended X Date received (Upon fil Later effective date (Da Under penalty of perjury, 1 d including any accompanying	nd incorporated by re d Certificate of Autho ing) ate must be no more leclare and affirm tha g attachments, and to	ation for Certificate of Au ference into this Applica rity will be effective: CHE than 90 days from the da t I have examined this A	uthority continues in full force tion for Amended Certificate CK ONE BOX ONLY ate of filing) pplication for Amended Certi ned herein are true and corre	ficate of Authority,	

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.

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:

June 15, 2023 02:25 PM

Treng M. Course

Gregg M. Amore Secretary of State

