



**State of Rhode Island
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Corporation
Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Harley-Davidson Motor Company, Inc.

SECTION II

It is incorporated under the laws of State: WI Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island* **OR**

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 9/24/1999

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 3700 WEST JUNEAU AVENUE

City or Town: MILWAUKEE

State: WI

Zip: 53208

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PARKWAY

SUITE 7A

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is C T CORPORATION SYSTEMS

SECTION VII

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

ECOMMERCE

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT AND CEO	JOCHEN ZEITZ	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
VICE PRESIDENT/CHIEF LEGAL OFFICER/SECRETARY	PAUL J. KRAUSE	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
INTERIM CFO, VICE PRESIDENT AND TREASURER	DAVID VINEY	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
ASSISTANT SECRETARY	MAI DER SHAW	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
ASSISTANT SECRETARY	ALLEN GERRARD	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
ASSISTANT TREASURER	LYNDA M. JOHNSON	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
ASSISTANT TREASURER	GERALYN M. FALLON	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
ASSISTANT SECRETARY	ADRAEA BROWN	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
VICE PRESIDENT/CHIEF LEGAL OFFICER/SECRETARY	PAUL J. KRAUSE	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
INTERIM CFO, VICE PRESIDENT AND TREASURER	DAVID VINEY	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
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ASSISTANT SECRETARY	ADRAEA BROWN	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
PRESIDENT AND CEO	JOCHEN ZEITZ	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
DIRECTOR	PAUL J. KRAUSE	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
DIRECTOR	PAUL J. KRAUSE	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 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 AND CEO	JOCHEN ZEITZ	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
VICE PRESIDENT/CHIEF LEGAL OFFICER/SECRETARY	PAUL J. KRAUSE	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
INTERIM CFO, VICE PRESIDENT AND TREASURER	DAVID VINEY	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
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DIRECTOR	PAUL J. KRAUSE	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 USA
DIRECTOR	PAUL J. KRAUSE	3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208 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 <i>Num of Shares</i>	
CWP			\$0.0100	1,000.00

Signed this 22 Day of June, 2023 at 11:55:26 AM 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 PAUL J. KRAUSE

Signature of Authorized Officer of the Corporation

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

HARLEY-DAVIDSON MOTOR COMPANY, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 24, 1999.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 22, 2023.

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **364386-EC4BB091**



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 22, 2023 11:54 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

