

# State of Rhode Island Office of the Secretary of State

Fee: \$310.0

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

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**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 **SINGLE USE SUPPORT INC.** 

**SECTION II** 

It is incorporated under the laws of State: <u>DE</u> Country: <u>USA</u>

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 12/13/2021

and the period of its duration is X Perpetual

**SECTION V** 

The location of its principal office is

No. and Street: 1900 WEST LOOP SOUTH, SUITE 1550

City or Town: HOUSTON State: TX Zip: 77027 Country: USA

**SECTION VI** 

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD STE 200

City or Town:  $\underline{WARWICK}$  State: RI Zip:  $\underline{02888}$ 

and the name of its proposed registered agent in Rhode Island at that address is **CAPITOL CORPORATE SERVICES, INC.** 

#### **SECTION VII**

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

PROVIDES ADVANCED FLUID MANAGEMENT SOLUTIONS AROUND SINGLE-USE TECHNOLOGIES

FOR THE BIOPHARMA INDUSTRY TO INCREASE PATIENT SAFETY

# **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	THOMAS WURM	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA	

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ı	SECRETARY	JOHANNES KIRCHMAIR	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA
	DIRECTOR	THOMAS WURM	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA
	DIRECTOR	JOHANNES KIRCHMAIR	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 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	THOMAS WURM	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA
SECRETARY	JOHANNES KIRCHMAIR	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA
DIRECTOR	THOMAS WURM	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA
DIRECTOR	JOHANNES KIRCHMAIR	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 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	1,000.00

**Signed this 8 Day of August, 2023 at 5:50:01 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 THOMAS WURM

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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

DELAWARE, DO HEREBY CERTIFY "SINGLE USE SUPPORT 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 EIGHTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SINGLE USE SUPPORT INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2021.

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

STORY OF THE STORY

Authentication: 203918393

Date: 08-08-23

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