



State of Rhode Island  
Department of State - Business Services Division

## Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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:

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
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1. The name of the corporation is:			
LabWare Global Services, Inc.			
2. It is incorporated under the laws of:			
Delaware			
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:			
11/12/2009			
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Perpetual (on-going)			
<input type="checkbox"/> Date certain for dissolution _____			
5. The address of its principal office is:			
3 Mill Road, Suite 102, WILMINGTON, DE, 19806			
6. The name and address of the initial registered agent/office in Rhode Island:			
Agent Name		Cogency Global Inc.	
Street Address ( <u>NOT</u> a P.O. Box)		222 Jefferson Blvd.	
City/Town	Warwick	State	RHODE ISLAND
Zip Code	02888		

**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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FORM 150- Revised: 3/2023

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: <div style="text-align: center; padding: 10px 0;">Laboratory software configuration</div>			
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		
Vance Kershner	3 Mill Road, Suite 102, WILMINGTON, DE, 19806		
J. Carlisle Peet	3 Mill Road, Suite 102, WILMINGTON, DE, 19806		
David Ferrell	3 Mill Road, Suite 102, WILMINGTON, DE, 19806		
Check the box to indicate an attachment <input type="checkbox"/>			
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	Vance Kershner	3 Mill Road, Suite 102, WILMINGTON, DE, 19806	
VICE PRESIDENT	Jed Patterson	3 Mill Road, Suite 102, WILMINGTON, DE, 19806	
TREASURER	David Ferrell	3 Mill Road, Suite 102, WILMINGTON, DE, 19806	
SECRETARY	J. Carlisle Peet	3 Mill Road, Suite 102, WILMINGTON, DE, 19806	
Check the box to indicate an attachment <input type="checkbox"/>			
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
3000	COMMON		.01
10. An estimate, <b>as a percentage</b> , 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.) <div style="margin-top: 10px;"> <span style="font-size: 1.2em;">0</span> %         </div>			
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. (Note: Percentage obtained from worksheet.) <div style="margin-top: 10px;"> <span style="font-size: 1.2em;">&lt;1%</span> %         </div>			

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)

10/01/2023

☒ 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

Date

DAVID A. FERRELL, VP

8/25/23

Signature of Authorized Officer of the Corporation

*David A. Ferrell*

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LABWARE GLOBAL SERVICES, 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-FIFTH 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 "LABWARE GLOBAL SERVICES, INC." WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2009.

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



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SR# 20233345753

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204041246

Date: 08-25-23