



State of Rhode Island

Department of State - Business Services Division

**Application for Certificate of Authority**

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 OCT 20 P 1:20

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:

1. The name of the corporation is:		
Advanced Respiratory, Inc.		
2. It is incorporated under the laws of:		
Minnesota		
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: 03/11/1982		
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:		
1020 West County Road F, St. Paul, MN 55126		
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	State	Zip Code
East Providence	RHODE ISLAND	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

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

Holding company, has employees and has sales/distribution of The Vest in the US.

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
See Attached	

Check the box to indicate an attachment ☒

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	See Attached	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☒

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
45,000,000	Common		0.01
5,000,000	Preferred		0.01

10. An estimate, **as a percentage**, 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.)

0.0667 %

11. An estimate, **as a percentage**, 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.)

0.0050 %

# Advanced Respiratory, Inc.

## Officers and Directors

Address - 1020 West County Road F, St. Paul, Minnesota 55126

Name	Title
David Bailey	Vice President
James Borzi	Vice President
Ellen K. Bradford	Vice President and Secretary
Kelli Carney	Vice President
Jr. Michael A. Cascella	Vice President
Charles Chen	Vice President
Ignacio Martinez de Lecea	Vice President
Christine Fleming	Assistant Treasurer
Christopher M. Jones	Vice President
Heather Knight	Director
Heather Knight	Vice President
Karen L. Leets	Vice President and Treasurer
James O'Connell	Authorized Official
Reaz Rasul	President
Matthew Rice	Assistant Secretary
David S. Rosenbloom	Director
Jon Rushford	Vice President
James K. Saccaro	Director
James K. Saccaro	Vice President and Chief Financial Officer
Mary Smith	Vice President
Brian Stevens	Vice President
Holly Tahvonen	Assistant Secretary
Karen Wang	Vice President
Thomas Young	Vice President

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)

☐ 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 this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

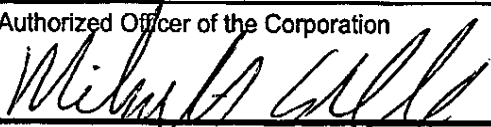
Type or Print Name of Authorized Officer

Michael A. Cascella, Jr.

Date

October 17, 2023

Signature of Authorized Officer of the Corporation

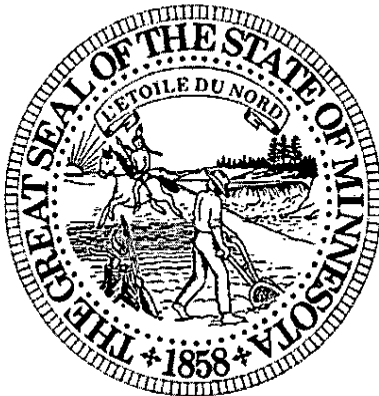


**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Advanced Respiratory, Inc.
Date Filed:	03/11/1982
File Number:	4B-808
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 09/26/2023



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota



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:

October 20, 2023 01:20 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

