



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 TRAUMA RESUS, Inc.

SECTION II

It is incorporated under the laws of State: DE 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 1/3/2023

and the period of its duration is  Perpetual

SECTION V

The location of its principal office is

No. and Street: 70 E. SUNRISE HIGHWAY, SUITE 500

City or Town: VALLEY STREAM

State: NY

Zip: 11581

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

SECTION VII

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

TO PROVIDE ADVANCED FIRST AID TRAINING, CLINICAL GOVERNANCE, TELEMEDICINE,  
FIRST AID EQUIPMENT AND OFFSHORE MEDICS.

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	ROBERT PAUL GRIFFITHS	COMMODITY QUAY, ST KATHARINE DOCKS LONDON E1W 1BF GBR

TREASURER	ADAM BARRETT	COMMODITY QUAY, ST KATHARINE DOCKS LONDON E1W 1BF GBR
SECRETARY	THOMAS H. THORELLI	70 W. MADISON ST., SUITE 5750 CHICAGO, IL 60602 USA
DIRECTOR	ROBERT PAUL GRIFFITHS	COMMODITY QUAY, ST KATHARINE DOCKS LONDON, E1W 1BF GBR
DIRECTOR	DAVID WILLIAM RUMSEY	COMMODITY QUAY, ST KATHARINE DOCKS LONDON, E1W 1BF GBR
DIRECTOR	DANNY ROGERS	COMMODITY QUAY, ST KATHARINE DOCKS LONDON, E1W 1BF GBR

(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	ROBERT PAUL GRIFFITHS	COMMODITY QUAY, ST KATHARINE DOCKS LONDON E1W 1BF GBR
TREASURER	ADAM BARRETT	COMMODITY QUAY, ST KATHARINE DOCKS LONDON E1W 1BF GBR
SECRETARY	THOMAS H. THORELLI	70 W. MADISON ST., SUITE 5750 CHICAGO, IL 60602 USA
DIRECTOR	ROBERT PAUL GRIFFITHS	COMMODITY QUAY, ST KATHARINE DOCKS LONDON, E1W 1BF GBR
DIRECTOR	DAVID WILLIAM RUMSEY	COMMODITY QUAY, ST KATHARINE DOCKS LONDON, E1W 1BF GBR
DIRECTOR	DANNY ROGERS	COMMODITY QUAY, ST KATHARINE DOCKS LONDON, E1W 1BF GBR

#### 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>	
CNP			\$0.0000	1,000.00

**Signed this 21 Day of March, 2024 at 11:04:51 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 THOMAS H. THORELLI  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRAUMA RESUS, 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 NINETEENTH DAY OF MARCH, A.D. 2024.

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



7215569 8300

SR# 20241061584

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

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

Authentication: 203055360

Date: 03-19-24



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:

March 21, 2024 11:04 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

