

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 <u>RIGL 7-1,2-1405</u>, 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:

Lifting Gear Hire Corporation

2. It is incorporated under the laws of: Illinois

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: 3/6/1990

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution.

5. The address of its principal office is:

9925 S Industrial Dr Bridgeview IL 60455

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name Corporation Service Company

Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200

City/Town Warick

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

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7. The purpose or purpo rental and sales of ri	-	•	e transaction of	f business in Rhode Island are:	
8. (a) The names and re state or country of which			ptional, unless d	directors are required under the laws of	fthe
NAME		ADDRESS			
lan Parkinson		9925 S Industrial Dr Bridgeview IL 60455			
Anthony Fiscelli		9925 S Industrial Dr Bridgeview IL 60455			
Thomas Beasley		9925 S Industrial Dr Bridgeview IL 60455			
Robert Wilkins		9925 S Industrial Dr Bridgeview IL 60455			
				Check the box to indicate an attachn	
8. (b) The names and re of the state or country o			ficers (mandator	bry if directors are not required under the	e laws
OFFICE	NAME		ADDRESS		
PRESIDENT	Anthony Fiscelli		9925 S Industrial Dr Bridgeview IL 60455		
VICE PRESIDENT	N/A		N/A		
TREASURER	Thomas Beasley		9925 S Industrial Dr Bridgeview IL 60455		
SECRETARY	Thomas Beasley		9925 S Industrial Dr Bridgeview IL 60455		
			Check the box to indicate an attachment		
9. The aggregate numb par value, and series, if			ssue; itemized b	by classes, par value of shares, shares	s without
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR V	ALUE
1000000				0	
	during the follo	owing year bears to the	e value of all pro	e of the property of the corporation to be operty of the corporation to be owned d sheet.)	
0.61 %	ò				
at or from places of bus	siness in Rhode	Island during the follo	wing year comp	business to be transacted by the corporated by the corporated to the gross amount thereof which betained from worksheet.)	
0.10 %	, D				

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12. This application must be accompanied by a <u>Certificate of Grant Formation dated within 60 days of the date of this filing.</u>	ood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fr	om the date of filing)
14. Under penalty of perjury, I declare and affirm that I have exa any accompanying attachments, and that all statements contain	.,
Type or Print Name of Authorized Officer	Date
Thomas Beasley	04/16/2024
Signature of Authorized Officer of the Corporation	I

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To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

LIFTING GEAR HIRE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 06, 1990, ADOPTED THE ASSUMED NAME LIFTING GEAR HIRE ON MARCH 06, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of

the State of Illinois, this 11TH day of APRIL A.D. 2024.

Authentication # 2410203234 verifiable until 04/11/2025 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

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:

April 18, 2024 01:26 PM

Treng M. Course

Gregg M. Amore Secretary of State

