State of Rhode Island Department of State - Business Services Division

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



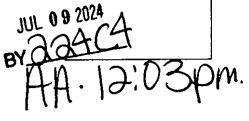
Pursuant to the applicable provisions of RIGL Title <u>7</u>, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number:	2. The full name of the entity filing this application is:		
001742731	Redline Welding, LLC		
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)			
5. The applicant is a duty qualified foreign. (CHECK ONE BOX ONLT)			
Limited Liability Company Business Corporation Non-Profit Corporation			
Limited Partnership			
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)			
Limited Liability Company (RIGL 7-16-52.1)			
Non-Profit Corporation (RIGL <u>7-6-80.1</u>) Limited Partnership or Limited Liability Limited Partnership (RIGL <u>7-13.1-1009</u>)			
Limited Liability Partnership (RIGL 7-12.1-1009)			
5. The date the applicant qualified to conduct business in		6. The jurisdiction upon transfer of authority is:	
Rhode Island is: 6/28/2022		New Hampshire	
7. The name of the entity following the transfer of authority is:			
Redline Welding, Inc.			
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY			
Application for registration for a Limited Liability Company			
Application for certificate of authority for a Business Corporation			
Application for certificate of authority for a Non-Profit Corporation			
Statement of registration for a Limited Partnership			
Statement of registration for a registered Limited Liability Partnership			
9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good			
Standing/Legal Existence from the current jurisdiction of the entity.			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov





10. TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY Under penalty of perjury, I/we declare and affirm that I/we have examined this Ap ing any accompanying attachments, and that all statements contained herein are is authorized to sign this certificate on behalf of the entity set forth above.	
Type or Print Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
Redline Welding, LLC	
Signature of Authorized Person	Date
Signature of Authorized Person	7.8.2024
Signature of Authorized Person	Date
Type or Print Name of Corporation	
Redline Welding, Inc.	
Signature of Authorized Person	Date
Signature of Authorized Person	Date
Type or Print Name of Partnership	
Signature of Partner	Date
Signature of Partner	Date
Signature of Partner	Date
Type or Print Name of Other Entity	
Signature of Authorized Person	Date
Signature of Authorized Person	Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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:

July 09, 2024 12:03 PM

Treng M. Course

Gregg M. Amore Secretary of State

