



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 Powerling 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 09/17/2024

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 4/25/2011

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 17 RIVERVIEW DR
City or Town: ASHLAND State: MA Zip: 01721 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 47 WOOD AVE
STE 2
City or Town: BARRINGTON State: RI Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is RHODE ISLAND REGISTERED AGENT LLC

SECTION VII

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

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 |
|-----------|--|--|
| SECRETARY | SEBASTIEN CHOCHOIS | 17 RIVERVIEW DR ASHLAND, MA 01721 USA |
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(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 |
|--------------|---|---|
| SECRETARY | SEBASTIEN CHOCHOIS | 17 RIVERVIEW DR ASHLAND, MA 01721 USA |
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| DIRECTOR | SEBASTIEN CHOCHOIS | 17 RIVERVIEW DR ASHLAND, MA 01721 USA |

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 | 2,000.00 |
|-----|--|----------|----------|

Signed this 17 Day of September, 2024 at 10:00:37 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 SEBASTIEN CHOCHOIS
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Delaware

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The First State

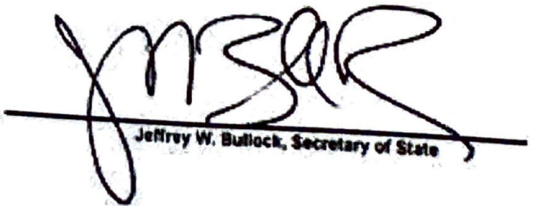
*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "POWERLING INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2024.*



4973362 8300

SR# 20243635555

You may verify this certificate online at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State

Authentication: 204347749

Date: 09-09-24



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:

September 17, 2024 10:00 AM

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

