



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

FILED
SEP 26 2024 3:24pm
BY 1211783 LKS

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 TOM J RIDDLE INC

SECTION II

It is incorporated under the laws of State: WI 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 09/26/2024

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:

GARD Specialists

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 6/30/2021

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 621 STATE HIGHWAY 17 SOUTH

P.O. BOX 157

City or Town: EAGLE RIVER

State: WI

Zip: 54521

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 REGISTERED AGENTS INC

SECTION VII

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

WE SUPPLY CONSUMABLE INDUSTRIAL MAINTENANCE PRODUCTS

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
CEO	TOM J RIDDLE	5068 LONELY DR RHINELANDER, WI 54501 USA

(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
CEO	TOM J RIDDLE	5068 LONELY DR RHINELANDER, WI 54501 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	8,000.00

Signed this 26 Day of September, 2024 at 3:24:05 PM 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 GAIL L TROSIEN
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

TOM J. RIDDLE INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 30, 2021.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 26, 2024.

A handwritten signature in black ink, appearing to read "Craig Heilman".

CRAIG HEILMAN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <https://apps.dfi.wi.gov/apps/ccs/verify/>

Enter this code: 399316-C0CA39C6