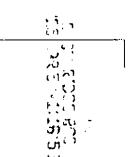
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State of Rhode Island

Department of State - Business Services Division



Application for Certificate of Authority FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:							
Halcore Group, Inc.							
2. It is incorporated under the laws of: Indiana							
3. The name, if different, which it elects to use in Rho	ode 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: 06/04/1997							
And the period of its duration is: CHECK ONE BOX X Perpetual (on-going)	ONLY		·				
Date certain for dissolution							
5. The address of its principal office is:	-		<u> </u>				
3800 McDowell Road, Grove City, OH 43123							
6. The name and address of the initial registered agent/office in Rhode Island:							
Agent Name C T Corporation System							
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A							
City/Town East Providence	State RHC	DDE ISLAND	Zıp Code ₀₂₉₁₄				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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tate or country of whic			s directors (optional, unless di	irectors are required under the laws of the	
NAME				A	DDRESS	
Mark A. Skonieczny	k A. Skonieczny 245 South Executive Dr		rive, Suite 100, Brookfield, WI 53005			
Joseph F. LaDue 245 South Executive D		rive, Suite 100, Brookfield, WI 53005				
					Check the box to indicate an attachment	
(h) The names and re	espective addre	sees of its	s principal o	fficers (mandaton	y if directors are not required under the laws	
of the state or country of				——	, in substitute and morroquired under the laws	
OFFICE		NAME			ADDRESS	
PRESIDENT	Mark A. Skonieczny		245 South Exec	245 South Executive Drive, Suite 100, Brookfield, WI 53005		
VICE PRESIDENT	Nicole A. Gustafson		245 South Executive Drive, Suite 100, Brookfield, WI 53005			
TREASURER	Nicole A. Gustafson		245 South Exec	245 South Executive Drive, Suite 100, Brookfield, WI 53005		
XSPCONETARYX Chief Accounting Officer	Joseph LaDue		245 South Ex	recutive Drive, Suite 100, Brookfield, WI 53005		
		Check the box to indicate an attachment				
). The aggregate numb par value, and series, if			authority to	issue; itemized b	y classes, par value of shares, shares withou	
NUMBER OF SHARES	CLAS	5		SERIES	PAR VALUE OR STATE NO PAR VALUE	
10,000	Common		N/A		No Par Value	
	•					
0. An estimate, as a p ocated within this state he following year, wher	during the follo	wing year	bears to th	e value of all prop	of the property of the corporation to be perty of the corporation to be owned during meet.)	
0 %)					

12. This application must be accompanied by a Certificate of Good formation dated within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK	ONE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	the date of filing)
14. Under penalty of perjury, I declare and affirm that I have examinany accompanying attachments, and that all statements contained	• • • • • • • • • • • • • • • • • • • •
Type or Print Name of Authorized Officer	Date
Nicole Gustafson	03/04/2025
Signature of Authorized Officer of the Corporation	<u> </u>

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

... HALCORE GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 04, 1997, and was in existence or authorized to transact business in the State of Indiana on March 03, 2025.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 03, 2025

)iego Morales

DIEGO MORALES
SECRETARY OF STATE

1997060409 / 20254268279

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on April 02, 2025.

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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 05, 2025 01:16 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

