RI SOS Filing Number: 202567374820 Date: 3/18/2025 2:19:00 PM



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

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Pursuant to the applicable provisions of RIGL Title 7, 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:

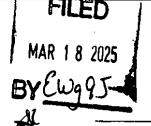
		 -		
1. Entity ID Number:	2. The full name of the en	itity filing this applica	tion is:	
000124826	Evans Capacitor Company			
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)				
Limited Liability Company	X Business Co	rporation	Non-Profit Corporation	
Limited Partnership	Limited Liability Partnership			
4. The applicant submits this application for the purpose of transferring its authority to a (CHECK ONE BOX ONLY)				
X Limited Liability Company (RIGL <u>7-16-52 1</u>) Business Corporation (RIGL <u>7-1.2-1411.1</u>)				
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 <u>7-12.1-1009</u>)				
5. The date the applicant qualified to conduct business in 6. The jurisdiction upon transfer of authority is:				
Rhode Island is: 05-17-2002	25			
7. The name of the entity following the transfer of authority is:				
Evans Capacitor Company, LLC				
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY				
X Application for registration for a Limited Liabilty 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.				
AAII TO			FILED	

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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10. TO BE COMPLETED BY THE ENTITY TRANSFERRING A	
Under penalty of perjury, I/we declare and affirm that I/we have ing any accompanying attachments, and that all statements con	examined this Application for Transfer of Authority, includ- stained berein are true and correct and that the undersigned
is authorized to sign this certificate on behalf of the entity set for	rth above.
Type or Print Name of Limited Liability Company	
Signature of Authorized Person	Date
Signature of Authorized Person	Date
Type or Print Name of Corporation	<u> </u>
Evans Capacitor Company	•
Signature of Authorized Person	Date
Coli C. MCh	02-26-2025
Signature of Authorized Person	Date
Type or Print Name of Partnership	
Type of Finite Game of Farthership	
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

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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 18, 2025 02:19 PM

Gregg M. Amore Secretary of State

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