RI SOS Filing Number: 202569875730 Date: 4/11/2025 1:43:00 PM



State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS BSD

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

4. The same of the limited liability gamages is:			
1. The name of the limited liability company is:			
	1 10 100 100 1 100 100	DWW 110	
	VERTIV AME		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes x No			
The name, if different, under which it proposes to register and transact business in Rhode Island is:			
	-		
2. The LLC is organized under the laws of:			
	Ohio		
3. The date of its organization is:			
11/08/2024			
And the period of its duration is: CHECK ONE BOX ONLY			
X Perpetual (on-going)			
y () dipotadi (dii gonig)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name			
C T Corporation System			
Street Address (NOT a P.O. Box)			
450 Veterans Memorial Parkway, Suite 7A			
City/Town	State	Zip Code	
East Providence	RHODE ISLAND	02914	
5. The purpose or purposes which it pro	noces to pursue in the transac	tion of husiness in Rhode Island are:	
	poses to pursue in the transac	tion of gasiness in thiose island are.	
Management company.			
		Check the box to indicate an attachment	
		20.60	

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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BY APSS N

FORM 450 - Revised: 12/2023

STAMP

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.				
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:				
505 N. Cleveland Avc., Westerville, OH 43082				
8. The mailing address for the limited liability company is:				
505 N. Cleveland Ave., Westerville, OH 43082				
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY				
Members (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.				
	MANAGER(S) NAME	ADDRESS		
Check the box to indicate an attachment				
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.				
11. Date when this application for Certificate of Registration 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)				
Under penalty of perjury, I declare and a accompanying attachments, and that all		s Application for Registration, including any are true and correct.		
Type or Print Name of LLC		Date		
ROBERT M. WOLFE, MANAGER & AUTHORIZED PERSON		04/09/2025		
Signature of Authorized Person				
Robert M Wolfe				

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show VERTIV AMERICAS, LLC, an Ohio Limited Liability Company, Registration Number 5312101, was organized in the State of Ohio on November 8, 2024, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of April, A.D. 2025.

Ohio Secretary of State

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Validation Number: 202509903800

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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:

April 11, 2025 01:43 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

