RI SOS Filing Number: 202578049940 Date: 9/8/2025 11:24:00 AM

100	

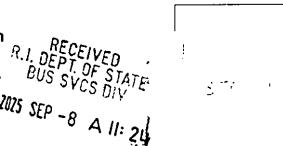
State of Rhode Island

Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)



Pursuant to the provisions of RIGL <u>7-1.2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:	2. The name of the corporation is:				
108032	Manz USA, Inc.				
3. It is incorporated under the laws of:		List the date the Certificate of Authority was issued by the RI Department of State:			
Delaware		original 8/24/1999			
5. If the entity's name has changed, state the new name. ekvip USA, Inc.					
		Check box to indicate no change			
	h it elects to use in Rhode Island				
 (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 transact busing application:	ess in Rhode Island as stated in	the "Fictitious Business Name Statement" to be filed with this			
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island.					
Software programming and service of industrial machinery.					
Check the box to indicate an a	attachment	Check box to indicate no change			

MAIL TO:

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

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

SEP 08 2025

FILED INTO A

BY 3F-W76

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

8. If there has been an increase in the a *List ALL authorized shares as of this		ation complete the following section:
NUMBER OF SHARES CLASS		PAR VALUE OR STATE NO PAR VALUE
Check the box to indicate an attachmen	• •	Check box to indicate no change
8a. An estimate, as a percentage, of th		
of the corporation to be located within the of all property of the corporation to be on (Note: Percentage obtained from works)	nis state during the following ye wned during the following year,	ear bears to the value
8b. An estimate, as a percentage, of the be transacted by the corporation at or from the following year compared to the grost corporation during the following year. (A	de Island during transacted by the 100 %	
9. As required by RIGL <u>7-1.2-105</u> , the c	orporation has paid all fees and	d taxes.
		f Authority continues in full force and effect and is ication for Amended Certificate of Authority.
11. Date when the Amended Certificate	of Authority will be effective: Cl	HECK ONE BOX ONLY
Date received (Upon filing) Later effective date (Date must be	no more than 90 days from the	e date of filing)
12. Under penalty of perjury, I declare a including any accompanying attachmen		this Application for Amended Certificate of Authority tained herein are true and correct.
Name of Authorized Officer of the Corpo	oration	Date
Lisa Dolinich	09/05/2025	
Signature of Authorized Officer		

RI SOS Filing Number: 202578049940 Date: 9/8/2025 11:24:00 AM



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 08, 2025 11:24 AM

Gregg M. Amore

Secretary of State

Treg M. Coure

