



**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

**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 BRIFEN U.S.A., INC.

SECTION II

It is incorporated under the laws of State: OK 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

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:

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 10/7/2002

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 12501 N SANTA FE AVE

City or Town: OKLAHOMA CITY

State: OK

Zip: 73114

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 10 DORRANCE STREET #700

City or Town: PROVIDENCE

State: RI

Zip: 02903

and the name of its proposed registered agent in Rhode Island at that address is CORPORATE CREATIONS NETWORK INC.

SECTION VII

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

TO DESIGN, MANUFACTURE, MARKET, AND INSTALL HIGH‑TENSION WIRE ROPE SAFETY

BARRIER SYSTEMS AND RELATED ROADWAY SAFETY PRODUCTS TO ENHANCE HIGHWAY, ROADSIDE, AND PERIMETER PROTECTION

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
PRESIDENT	AARON WELLS	12501 N SANTA FE AVE OKLAHOMA CITY, OK 73114 USA

DIRECTOR	AARON WELLS	12501 N SANTA FE AVE OKLAHOMA CITY, OK 73114 USA
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(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
PRESIDENT	AARON WELLS	12501 N SANTA FE AVE OKLAHOMA CITY, OK 73114 USA
DIRECTOR	AARON WELLS	12501 N SANTA FE AVE OKLAHOMA CITY, OK 73114 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>	
CWP		VOTIN	\$0.0100	1,000.00
CWP		NVOT	\$0.0100	99,000.00

Signed this 13 Day of January, 2026 at 6:41:50 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 AARON WELLS
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT BUSINESS CORPORATION**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that BRIFEN U.S.A., INC. whose registered agent is STEVE E WELLS, with its registered office at 12501 N SANTA FE AVE OKLAHOMA CITY 73114 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 1st, day of December, 2025.

Benjamin Lepak

Secretary Of State



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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:

January 13, 2026 06:41 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

