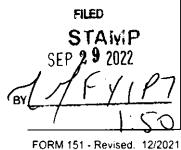
State of Rhode Island	ate - Business Service	es Division		
Application for Amer		Authority RECEIVED R.I. DEPT. OF STATE THE BUS SVCS DIV		
→ Filing Fee: \$75.00 (\$235 ;	for an increase in authorized			
		oreign corporation hereby applies for an of Rhode Island, and for that purpose submits		
1. Entity ID Number:	2. The name of the corpora	ation is:		
000506231	AMEC Architectural, Inc.			
3. It is incorporated under the	laws of:	4. List the date the Certificate of Authority was issued by the RI Department of State:		
Maine		04/20/2009		
5. If the entity's name has cha state the new name: WSP USA	A Architectural Inc.	Check box to indicate no change		
6. The name, if different, which	h it elects to use in Rhode Is	sland is:		
•	an abbreviation thereof, ther	poration does not contain the word "corporation," "company," In list the name of the corporation with the addition of one of the		
		, then set forth below the fictitious name under which the ed in the "Fictitious Business Name Statement" to be filed with this		
		ng section: •The new purpose should include ALL activity to be		
transacted in the State of Rhode	Island.			
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



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.

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NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE N	PAR VALUE OR STATE NO PAR VALUE	
Check the box to indicate	an attachment		Check box to in	dicate no change 🔀	
of the corporation to be lo	cated within this state oration to be owned du	rtion that the estimated valu during the following year be iring the following year, whe	ears to the value	%	
be transacted by the corport the following year compar	oration at or from place red to the gross amoun	rtion of the gross amount of es of business in Rhode Isla nt thereof which will be trans rcentage obtained from worl	and during sacted by the	%	
			Check box to ind	licate no change 🔀	
10. As required by RIGL 7	<u>'-1,2-105,</u> the corporati	ion has paid all fees and ta		•	
			nority continues in full force a on for Amended Certificate of		
11. Date when the Amend	led Certificate of Autho	ority will be effective: CHECI	K ONE BOX ONLY		
Date received (Upon	filing)				
Later effective date (I	Date must be no more	than 90 days from the date	e of filing)		
			lication for Amended Certific d herein are true and correct		
Name of Authorized Officer of the Corporation			Date		
Lytle C. Troutt, Jr.		9/20/22			
Signature of Authorized O	ifficer Lyts Chanter	$\overline{\mathbb{A}}$	I		

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State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, 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 29, 2022 01:50 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

