

Filing Fee: \$50.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

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SECRETARY OF STATE
CORPORATIONS DIV
2008 FEB -7 PM 12:22

BUSINESS CORPORATION

CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

- The name of the corporation is: Superior Coin-Op Service, Inc.
- The document to be corrected is Application for Certificate of Authority
- The document being corrected was originally filed on 10/24/06
- Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:
100 common shares no par value - Authorized shares
- The corrected portion of the document states as follows:
800 common shares no par value - Authorized Shares.
- The document attached to this certificate is the corrected document.
- This Certificate of Correction 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 upon filing

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 2/7/08

FILED 12:22 [Signature], President
Signature of Authorized Officer of the Corporation

FEB 07 2008
By [Signature] CAM SUPERIOR
Type or Print Name of Authorized Officer

Filing and License Fee: \$310.00 minimum

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2008 FEB -1 PM 12:23

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is Superior Clean-op Service, Inc.
- 2. It is incorporated under the laws of MASS
- 3. The name, if different, which it elects to use in Rhode Island is:

(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 qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

- 4. The date of its incorporation is 8/1/97 and the period of its duration is Perpetual

- 5. The address of its principal office in the state or country under the laws of which it is incorporated is 1939 Pleasant St Fall River, MA 02783

- 6. The address of its proposed registered office in Rhode Island is 52 Florence St
(Street Address, **not** P.O. Box)

Tiverton, RI 02860 and the name of its proposed registered agent in Rhode Island at that address is Bonnie Kafel
(City/Town) (Zip Code) (Name of Agent)

- 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
laundry services provider

- 8. (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).

	<u>Name</u>	<u>Address</u>
Director	_____	_____

FILED
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By [Signature]

(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).

	<u>Name</u>	<u>Address</u>
President	<u>Carl Superior</u>	<u>35 Rebecca Rd S. Dartmouth MA 02748</u>
Vice President	<u>"</u>	<u>"</u>
Treasurer	<u>"</u>	<u>"</u>
Secretary	<u>"</u>	<u>"</u>

9. 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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>8000</u>	<u>Common</u>		<u>NO par value</u>

10. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 29,851.

(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 35M.

(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 111 %. [divide (b) by (a) and multiply by 100 to obtain the percentage].

11. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 475,000.

(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 23,000.

(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 111 % [divide (b) by (a) and multiply by 100 to obtain the percentage].

12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

13. This Application for Certificate of Authority shall be effective upon filing upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 2/7/08

Carl Superior
Signature of Authorized Officer of the Corporation

CARL SUPERIOR
Type or Print Name of Authorized Officer



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

