Filing and License Fee: $230.00 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

2009 MAY 18 AM 11:28

BUSINESS CORPORATION

ARTICLES OF INCORPORATION

The undersigned acting as incorporator(s) of a corporation under Chapter 7-1.2 of the General Laws of Rhode Island, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is **Barton Partners Architects Planners, Inc.**

(This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended.) (Strike if inapplicable.)

2. The total number of shares which the corporation has authority to issue is:

(a) *If only one class:* Total number of shares **1000**

or

(b) *If more than one class:* Total number of shares of each class _____

A statement of all or any of the designations and the powers, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them, which are permitted by the provisions of Chapter 7-1.2 of the General Laws, 1956, as amended, in respect of any class or classes of shares of the corporation and the fixing of which by the articles of association is desired, and an express grant of the authority as it may then be desired to grant to the board of directors to fix by vote or votes any of them that may be desired but which is not fixed by the articles:

3. The address of the initial registered office of the corporation is ~~**10 Weybosset Street**~~ 155 South Main Street Suite 201
(Street Address, **not** P.O. Box)

Providence (City/Town), RI **02903** (Zip Code) and the name of its initial registered agent at such address is **CT Corporation System** (Name of Agent).

2009 MAY -4 PM 12:53

4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-1.2.

5. Unless otherwise stated all authorized shares are deemed to have a nominal or par value of $0.01 per share.

FILED
MAY 18 2009 11:28
By _____
089734

Form No. 100
Revised: 12/05

6. Additional provisions, if any, not inconsistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

7. The name and address of each incorporator is:

Name	*Address*
Thomas C. Barton, III	**700 E. Main St., 3rd Flr. Norristown, PA 19401**
Jeremy A. Greene	**700 E. Main St., 3rd Flr. Norristown, PA 19401**
Robert W. Cogan	**700 E. Main St., 3rd Flr. Norristown, PA 19401**

8. These Articles of Incorporation 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 _____

Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 4/27/09

Signature of each Incorporator

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID TR BARTO-1 | DATE (MM/DD/YYYY) 04/27/09

PRODUCER
Wortley/Poole Professional,Ltd
1 Penn Center
1617 JFK Boulevard, Suite 880
Philadelphia PA 19103
Phone: 215-564-6970 Fax: 215-564-6975

INSURED
Barton Partners Architects Planners, Inc.
700 East Main Street
3rd Floor
Norristown, PA 19401-4102

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	The Travelers	
INSURER B:	Zurich North America	16535
INSURER C:	Charter Oak Fire Ins. Co.	25615
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	680-8913L052	03/20/09	03/20/10	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	680-8913L052	03/20/09	03/20/10	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
A		EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $	CUP-8661Y036	03/20/09	03/20/10	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000 $ $ $
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	UB5866Y05A	05/01/09	05/01/10	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
B		OTHER Professional Liability	EOC9380485-00	01/19/09	01/19/10	Ea Claim Ann Agg	$2,000,000 $2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

For professional liability coverage, the aggregate limit is the total insurance available for all covered claims presented within the policy period. The limit will be reduced by payments of indemnity and expenses.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
DIVISION OF DESIGN PROFESSIONALS
1511 Pontiac Avenue, Bldg. 68-2
Cranston, RI 02920
(401) 462-9530 Fax: (401) 462-9532 www.bdp.state.ri.us

2009 MAY 19 AM 11:28

22 April 2009

BARTON PARTNERS ARCHITECTS & PLANNERS
700 E. MAIN ST., 3RD FL.
NORRISTOWN, PA 19401

Dear Sir/Madam:

Your request for Certificate of Authorization has been reviewed and approved by the Rhode Island Board of Examination and Registration of Architects (the "Board"). In accordance with the procedures adopted by this Board, **you are requested to provide the following information.**

The document requested by the Board is a **CERTIFICATE OF GOOD STANDING,** not Certificate of Authority, issued by the Rhode Island Secretary of State's Office, indicating that at the present time your corporate entity is in good standing insofar as registration procedures required by the Secretary of State's Office. The Board is requesting that the **original certificate of such notice be provided within 60 days. A copy of this letter must accompany your certificate of authority application, along with the required fee for a certificate of good standing, to the Secretary of State's office.**

You can contact the Rhode Island Secretary of State's Office by calling (401) 222-3040. Ask for corporations and explain you need the necessary papers to become registered in the State of Rhode Island.

Upon receipt of this **CERTIFICATE OF GOOD STANDING,** the Board will issue your Certificate of Authorization. If you have any questions, please feel free to contact this Board.

Please be advised that until receipt of this CERTIFICATE OF GOOD STANDING, your application is considered incomplete and you are not authorized to practice architecture in the state of Rhode Island.

Very truly yours,

BOARD OF EXAMINATION AND REGISTRATION OF ARCHITECTS

James R. Carlson, NCARB, AIA
Secretary

JRC/dmb

For Office Use Only:
COA #_____
CHECK#_____

Certificate of Authorization
Initial Application
Board of Examination and Registration of Architects

1511 Pontiac Avenue, Bldg 68-2, Cranston, RI 02920
www.bdp.state.ri.us
Phone: (401) 462-9594 Fax: (401) 462-9532

Name under which services will be offered:

Name: Barton Partners Architects & Planners

Address: 700 E. Main Street, 3rd Floor

Norristown (City) PA (State) 19401 (Zip)

Phone: (610) 930-2800 Fax: (610) 930-2808

FEE: $100.00 INITIAL APPLICATION
FEE WAIVED IF NO EMPLOYEES (Check Below)
(Make check payable to: Treasurer, State of RI)

CHECK ALL BOXES THAT APPLY

- ☐ **FEE WAIVED - No Employees**
- ☑ Corporation
- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Liability Company
- ☐ Limited Liability Partnership

PART I **TO BE COMPLETED BY ALL APPLYING**

List all Rhode Island licensed architects in responsible charge who act on behalf of the firm. (Provide attachment for additional names)

I hereby certify that I am familiar with and agree to comply with the Rhode Island laws and regulations governing the practice for which I am licensed.

**Name	Title In Firm (Pres. V. Pres. or Sec./Treas.)	RI Lic. No.
1) Thomas C. Barton III 2) Jeremy A. Greene	1) President 2) Vice President/Secretary	1) 2797 2) 3209

Number of Employees including self: 40

Have you or any partner, majority shareholder, member of the board of directors, officers, managers or members practiced, or solicited architectural work or represented their self as an architect in this State prior to having been licensed? **Yes** ☐ **No** ☑ If yes, please explain briefly.

Have you or any partner, majority shareholder, member of the board of directors, officers, managers or members been the subject of a formal or informal hearing or inquiry, complaint, or disciplinary action related to their license to practice architecture in any state since your last renewal? **Yes** ☐ **No** ☑ If yes, please explain briefly and indicate the jurisdiction.

PART II **TO BE COMPLETED ONLY IF APPLYING AS A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, OR LIMITED LIABILITY PARTNERSHIP** (Provide attachment for additional names)

** Name	** Position (Director, Member, Manager or Partner)	** Title in Firm (Pres., V. Pres., or Sec./Treas.)	** Profession
Thomas C. Barton III	Shareholder	President	Reg. Architect
Jeremy A. Greene	Shareholder	Vice President/Secretary	Reg. Architect
Robert W. Cogan	Shareholder	Vice President	Reg. Architect

****Provide the name of all directors, officers or shareholders (if there are no directors) if applying as a corporation; partners if applying as a partnership or limited liability partnership; managers or members if applying as a limited liability company. Two-thirds (2/3) of whom must be registered architects or engineers, and one third (1/3) of whom must be registered architects. The person having the practice of architecture in his or her charge is himself or herself a director, officer or shareholder if a corporation; a partner if a partnership or limited liability partnership; managers or members if a limited liability company and registered to practice architecture in this state.**

PART III **TO BE COMPLETED BY ALL APPLYING**

I am aware that the Certificate of Authorization may be revoked if any agent, employee, director or officer of the corporation violates or causes to be violated any provisions of those laws or regulations governing the practice of architecture in RI.

Signature of Applicant: Thomas C. Barton III **Title** President **Date:** 21 MAR 2009

Before me personally appeared the signer of the above and executed this application for the purposes stated by signing his/her name as the authorized director. In witness thereof: Subscribed and sworn to before me this 21st day of March, 2009.

Montgomery, PA
County and State

Carolyn E Silverthorn
Signed (Notary Public)

Aug 13, 2012
Date Commission Expires

Notary Seal

NOTARIAL SEAL
CAROLYN E. SILVERTHORN
Notary Public
NORRISTOWN BOROUGH, MONTGOMERY COUNTY
My Commission Expires Aug 13, 2012

BARTONPARTNERS, INC. 700 E. MAIN STREET, 3RD FLOOR, NORRISTOWN, PA 19401-4122

12784

Vendor ID: V-RITR Treasurer State of Rhode Island
Check Amount : 100.00

Check # : 12784
Date : 03/27/2009

Invoice #	Date	Invoice Amount	Gross Payment	Discount	Net Payment	Notes
3.24.2009	03/24/2009	$100.00	$100.00		$100.00	