Filing Fee: \$75.00

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

BUSINESS CORPORATION

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned 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.	The name of the corporation is Cintas Corporation No. 2						
2.	It is incorporated under the laws of Nevada	_					
3.	. A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on, authorizing it to transact business in Rhode Island under the name of:						
4.	The corporate name of the corporation has been changed to NO CHANGE						
	(If no change, so indicate.)	— <u>}</u>					
5.	The name, if different, which it elects to use in Rhode Island is:	TANOKA!					
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "compan" incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one above corporate endings for use in Rhode Island:	OXHOUV C					
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation of qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with the Application:	vili his					
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes that those set forth in its prior Application for a Certificate of Authority, as follows:	 an					
	(If no other or additional purposes are proposed, insert "No Change.")						
	To engage in the business of designing, manufacturing and implementing corporate identity uniform						
	programs for rental or sale, and to provide fire alarm sales and services, fire sprinkler sales						
	and services, and all other ancillary services, and to engage in any other business purpose	_					
	permitted under Rhode Island law.	_					
	18:01 HA T - JUL 2005	_					
	Seq: 1502 WIG SHOITARGGGGG AND SHOTTARGGGGGG AND SHOTTARGGGGGG AND SHOTTARGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	•					

	75,	Total Number of Authorized Shares ,000	<u>Class</u> CWP	<u>Series</u>	Par Value or Statement that Shares are without Par Value \$1.00	
8.	(a)	An estimate of the value of a is \$_1,137,600,000	all property to be ow	ned by the corporation for	r the following year, wherever located,	
	(b)	An estimate of the value of t is \$ 14,900,000	he corporation's pro	perty to be located within	Rhode Island during the following year	
	(c)	corporation to be located wit	thin this state during ring the following ye	the following year bears:	estimated value of the property of the to the value of all property of the 1.3 %. [divide (b) by (a) and	
9.	. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 3,209,700,000					
	(b)	An estimate of the gross am Rhode Island during the following			poration at or from places of business in	
	(c)	(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%. [divide (b) by (a) and multiply by 100 to obtain the percentage]				
10.	Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.					
11.	 This Application for Amended Certificate of Authority shall be effective upon filing unless a specified date is provide which shall be no later than the 90th day after the date of this filing <u>UPON FILING</u> 					
Da	te: _	6-30-09		examined this Application including any accommodate statements contained here. Signature of Augustian and Signature of Augustian and Signature and Signatur	ury, I declare and affirm that I have on for Amended Certificate of Authority, apanying attachments, and that all erein are true and correct. Another true and correct.	

Social Security Number

Date issue: *AF-10/5/94 *BF-

014-34-8203

LICENSE VERIFICATION – ELECTRICIANS, MECHANICAL and PLUMBERS

(Last)

1003 OAKHILL AVENUE UNITE 167 ATTLEBORO, MA. 02703

CORBETT

Name (First-Middle)

License: AF-09133 BF-09794

DOUGLAS

10/26/1989

I hereby authorize the licensing agency of the State of to furnish the information below for use by the State of Date: 16/29/09 SIGNATURE:	BH Dept. of Professional Regulations.			
License Numbers: AF-09133 BF-09794 ALARM CONTRACTOR Effective Date: *AF-10/05/94 BF-10/26/89 Please indicate the amount of experience and/or training (years and hours) required by your agency for the applicant to qualify for licensure.				
Years: (2) YEARS OF APPRENTICHESHIP** Other (please explain): Hours: 4,000 Licensure by: [X Examination				
Name: Ronald R. D'Ambruoso Title: Acting Assistant Director License Agency: Professional Regulation Date: 06/29/2009 Signature:	AGENCY Phone Number: 401-462-8527 (for verification purposes)			



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. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

