Filing and License Fee: \$310.00 minimum

ID Number:	
ib Number:	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

CO	rporat		ies for a Cer				amended, the undersigned foreign land, and for that purpose submits	
1.	The	name of the corp	poration is	Alpha Weather	proofing Cor	poration		
2.	lt is i	ncorporated und	der the laws o	Massachus	etts			
3.	. The name, if different, which it elects to use in Rhode Island is:							
	(a)	(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: Alpha Weatherproofing Corporation						
	(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 incorp	oration is	February 11, 1	981	and the period of its duration	is Perpetual	
5.	The a	address of its pr	incipal office	in the state or cou	untry under the	laws of which it is incorporated		
Somerville, MA 02143								
6.	The a	address of its pr	oposed regis	tered office in Rhe	ode Island is 2	222 Jefferson Blvd., Suite 2	00	
		-			-		lress, <u>not</u> P.O. Box)	
	Warwick , RI 02888 and the name of its proposed registered agent in Rhode Island at (City/Town)							
	that	address is <u>R</u>	egistered A	gent Solutions				
					(Name	e of Agent)		
7.	The	purpose or purp	oses which it	proposes to purs	ue in the transa	action of business in Rhode Islan	nd are:	
	Ger	neral Constru	ction, Mase	onry Restoratio	n, waterproc	fing, Roofing		
							•	
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>Addr</u>	<u>ess</u>	
	Director Paul Capobianco 25 Washington Street, Somerville, MA 02143						···, ·····	
Director James Saulhier 25 Washington Street, Somerville, MA 02143							ille, MA 02143	
		irector		JUL 1 4 2009	5/4	SMOTTARD		
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	rm No vised:	o. 150 : 07/05	٠,	- Opc	1970	PECFIVER		

	state or country of which it is in		Name		<u>Address</u>				
	Vi Tr	esident ce President easurer ecretary		ianco		, Somerville, MA 02143			
9.		aggregate num series, if any, v			issue, itemized by classes, p	par value of shares, shares without par value,			
	100	Number of		Class Common	Series	Par Value or Statement that Shares are without Par Value \$1.00			
10.	(a)	Φ •	of the value of		ned by the corporation fo	r the following year, wherever located, is			
	(b)	. .	of the value of		erty to be located within I	Rhode Island during the following year is			
	(c)	located within t	his state during	the following year bears	s to the value of all property	alue of the property of the corporation to be of the corporation to be owned during the nultiply by 100 to obtain the percentage].			
11. (a) An estimate of the gross amount of business to be transacted by the corporation during the follows \$\frac{5,000,000.00}{2}.						rporation during the following year is			
	(b)		of the gross ar he following yea		e transacted by the corporat	ion at or from places of business in Rhode			
	(c)	corporation at	expressed as a percentage, of the proportion that the gross amount of business to be transacted by the at or from places of business in this state during the following year bears to the gross amount thereof which will do by the corporation during the following year is 6 [divide (b) by (a) and multiply by 100 to obtain ge].						
12.		s application is a hich it is incorp		a certificate of Good S	tanding issued by the prope	r officer of the state or country under the laws			
13.		Application for the 90 th day at			ve upon filing unless a speci	fied date is provided which shall be no later			
Da	te:	07/13/2009			examined this Application any accompanying at contained herein are true. Signature of Au	ury, I declare and affirm that I have on for Certificate of Authority, including tachments, and that all statements e and correct. thorized Officer of the Corporation			
					Paul A. Capobianco Type or Prin	t Name of Authorized Officer			
					1,700 01 1 1111	A THAING OF A WARRONIE OU CHROOF			



Commonwealth

The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

July 9, 2009

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

ALPHA WEATHERPROOFING CORPORATION

is a domestic corporation organized on **February 11, 1981**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Villean Travis Galicin

Processed By: jbm



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

