Filing	and	License	Fee:	\$310	.00	minimum
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ID	Number:	
IU	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

FILED

OCT 08 2009

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY 29-10833

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and the following statement:	, the undersigned foreign d for that purpose submits
1. The name of the corporation is MPR ASSOCIATES, INC.	
2. It is incorporated under the laws of	
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 "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the above corporate endings for use in Rhode Island.	"corporation," "company," the addition of one of the
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Staten application:	which the corporation will nent" to be filed with this
4. The date of its incorporation is 3 30 1982 and the period of its duration is PE	RPENAL
5. The address of its principal office in the state or country under the laws of which it is incorporated is	
2150 SHATTUCK AVE, SUITE 800, BERKEVEY, 1	M 94704
6. The address of its proposed registered office in Rhode Island is 222 Jefferson Boulevard	i Suite 200
6. The address of its proposed registered oπice in Rhode Island is	P.O. Box)
Warwick , RI 02888 and the name of its proposed registered	· ·
(City/Town) (Zip Code)	
that address is Corporation Service Company	
(Name of Agent)	20
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	1
	©
PROVIDE STATISTICAL RESEARCH & CONSULTIN	SIT 3
SERVICES	No.
8. (a) The names and respective addresses of its directors (optional unless directors are required under the la	
•	and of the apple of oddithy
of which it is incorporated).	X 3
<u>Name</u> <u>Address</u>	
Director	
Director	
Director	
Director	

Form No. 150 Revised: 12/05

	state or count	ry of which it is	incorporated).			
			<u>Name</u>		<u>Address</u>	
	President	SUSPIN	1 CHOY	2615 WOOLSE	Y STREET	BERKELEY, UA
rikn riv	Vice President Treasurer Secretary	GARY 1	to Achlander	HOO GRIZZLY PE	AK BWD.	BERKELEY, OA
	The aggregate nu and series, if any,			issue, itemized by classes, p	ar value of shares,	, shares without par value
						or Statement that
	Number o	<u>Shares</u>	Class	<u>Series</u>	_	e without Par Value
	1007	200	1 CLASS		No_	PAR
10. ((a) An estimate	of the value of	of all property to be ow	ned by the corporation for	the following yes	ar, wherever located, is
((b) An estimate	of the value o	of the corporation's prop	erty to be located within R	thode Island durin	ng the following year is
,	located within	expressed as a this state durin r, wherever loca	g the following year bear	portion that the estimated va s to the value of all property _%. [divide (b) by (a) and me	of the corporation	to be owned during the
11. ((a) An estimate \$_\2.9	of the gross a	mount of business to	be transacted by the corp	poration during t	he following year is
•	(b) An estimate Island during	of the gross a the following ye	amount of business to bear is \$	e transacted by the corporation	on at or from place	es of business in Rhode
(corporation a	t or from places I by the corpora	of business in this state	roportion that the gross and during the following year be year is % [div	ars to the gross ar	nount thereof which will
	This application is of which it is incor		by a certificate of Good S	itanding issued by the proper	officer of the state	or country under the law
13. T	This Application fo than the 90 th day	r Certificate of a after the date of	Authority shall be effective this filing	ve upon filing unless a specif	ied date is provide	d which shall be no later
				Under penalty of perju examined this Applicatio any accompanying att contained herein are true	n for Certificate achments, and	of Authority, includin
Date	e:9 [8/09		Susan		
,,				Signature of Aut	horized Officer o	f the Corporation
				SUS P	Name of Author	rized Officer

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MPR ASSOCIATES, INC.

FILE NUMBER:

C1107827

FORMATION DATE:

03/30/1982

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 06, 2009.

DEBRA BOWEN
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. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

