Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

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 <u>C. J. Mabardy, Inc.</u> It is incorporated under the laws of Massachusetts 2. 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 02-02-1973 _ and the period of its duration is _perpetual 5. The address of its principal office is 51 Monney St., Cambridge, MA 02138 6. The address of its proposed registered office in Rhode Island is 222 Jefferson Blvd., Suite 200 (Street Address, not P.O. Box) Warwick . RI 02888 and the name of its proposed registered agent in Rhode Island at (City/Town) (Zlp Code) that address is Registered Agent Solutions, Inc. (Name of Agent) 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Manufacture, buy, sell, import, export and generally deal in machinery of all classes and descriptions as it effects the processing of gravel. (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> **CHARLES J. MABARDY** 51 MOONEY STREET CAMBRIDGE, MA 02138 USA Director 219 RIDGE ST., WINCHESTER, MA 01890 USA JOSEPH MABARDY JR. Director Director Director

MAY **05** 2014

Form No. 150 Revised: 06/11

		<u>Name</u> CHARLES J. MABARDY			<u>Address</u> 51 MOONEY STREET CAMBRIDGE, MA 02138 USA	
	President			51 MOONEY		
	Vice President	_				
	Treasurer	JOSEPH MABARDY JR. CHARLES J. MABARDY		219 RIDGE	219 RIDGE ST., WINCHESTER, MA USA	
	Secretary			51 MOONEY STREET CAMBRIDGE, MA 02138 USA		
9.	The aggregate numbers and series, if any, w	ber of share	es which it has authority to iss	ue; itemized by classes	s, par value of shares, shares without par value	
	Number of Shar		<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value	
	7,500		CNP		0.00	
10. (a) \$ = An estimate of the value of all property to following year, wherever located.				perty to be owned by the corporation for the		
	(b) \$ = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.					
	(c) 10 the corporation be owned during	to be locate	od within this state during the	following year bears to	tion that the estimated value of the property of the value of all property of the corporation to tiply by 100 to obtain the percentage.	
11. (a) \$\frac{75,000,000}{\text{during the following year.}}\$\text{ = An estimate of the gross amount of business to be trained.}					business to be transacted by the corporation	
	(b) \$ 2,500,000 = An estimate of the gross amount of business to be transacted by the corporation a or from places of business in Rhode Island during the following year.					
(c)% = An estimate, expressed as a percentage, of the transacted by the corporation at or from places of business in this state thereof which will be transacted by the corporation during the following the percentage)					the following year hears to the gross amount	
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 unless a specified date is provided which					cified date is provided which shall be no later	
	than the 90th day after	er the date	of this filing upon approval			
D	: 4/30/14		Ap att	plication for Certificat achments, and that a	I declare and affirm that I have examined this e of Authority, including any accompanying statements contained herein are true and	
Date	S: 1 / -				ultiorized Officer of the Corporation	
	•		CH	, IARLES J MABARDY		

Type or Print Name of Authorized Officer



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

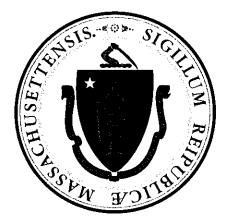
Date: May 01, 2014

To Whom It May Concern:

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

C.J. MABARDY, INC.

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

William Tranin Galein

Certificate Number: 14057358010

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tad