

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

CORPORATIONS DIV

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 o	f the corporation is	nn and Wynn, P.C.						
2.			orporated under the laws ofthe Commonwealth of Massachusetts							
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 "corporation", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of above corporate endings for use in Rhode Island:										
	(b)	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation we qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with the application:								
4.	The	date of	its incorporation isSept	tember 1, 1979	and the period of its duration is(unlimited)					
5.	The address of its principal office is 90 New State Highway, Raynham, MA 02767									
6.					2 Cross Street					
Ο.	The address of its proposed registered office in Rhoo				(Street Address, not P.O. Box)					
	Bristol			, RI	and the name of its proposed registered agent in Rhode Island at					
			(City/Town)	(Zip Code)	22 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
	that	address	is		* 1					
				(Name	e of Agent)					
7.	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:									
	То	carry on	a law practice.							
₿.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of state required und									
			<u>Name</u>		<u>Address</u>					
	Dire	ctor	Thomas J. Wynn		461 Wings Neck Road, Pocasset, MA 02559 49 Front Street, Marion, MA 02738					
	Dire	ctor	Paul F. Wynn							
	Dire	ctor								
	Director FILED									
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	state or country of wh	nich it is incorpora	ated).						
	5	Thomas J. Wy	<u>Name</u> ⁄nn	461 Wings Neck	<u>Address</u> 461 Wings Neck Road, Pocasset, MA 02559				
	President				· · · · · · · · · · · · · · · · · · ·				
	Vice President	Paul F. Wynn William Rosa		40 Farret Stand Marine MA 20702					
	Treasurer			<u> </u>	49 Front Street, Marion, MA 02738				
	Secretary			2 Cross Street, Bristol, RI 02809					
9.	The aggregate numbers and series, if any, wit		h it has authority to	issue; itemized by classes, pa	r value of shares, shares without par value,				
	Number of Share	es <u>Class</u>		<u>Series</u>	Par Value or Statement that Shares are without Par Value				
	1000		Common	N/A	Without Par Value				
10.	(a) \$_250,000.00 following year, wherever loc				y to be owned by the corporation for the				
	(b) \$ 250.0 Island during the		= An estimat	nate of the value of the corporation's property to be located within Rhode					
	(c)% = An estimate, expressed as a percentage, of the proportion that the estimated value of the proportion to be located within this state during the following year bears to the value of all property of the corporate be owned during the following year, wherever located. {divide (b) by (a) and multiply by 100 to obtain the percentage}								
11.	(a) \$		= An estimate of the gross amount of business to be transacted by the corporation						
	(b) \$ 65 0 or from places of	e e e e e e e e e e e e e e e e e e e							
	(c)								
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.	13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be								
	than the 90th day afte								
				Application for Certificate o	eclare and affirm that I have examined this f Authority, including any accompanying attements contained herein are true and				
	e: 6/5/19	ı		2-6-3					
Date	e: <u>6/5//</u>	<u> </u>		Signature of Authorized Officer of the Corporation					
				Type or Print Na.	Me of Authorized Officer				

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the



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

June 2, 2014

TO WHOM IT MAY CONCERN:

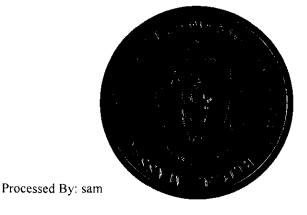
I hereby certify that according to the records of this office,

WYNN AND WYNN, P.C.

is a domestic corporation organized on **September 1, 1979**, 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.

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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 Travers Galicin



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

