### Filing and License Fee: \$310.00 minimum



Director

Form No. 150 Revised: 06/11

# 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

SECRETARY OF STATE CORPORATIONS DIV

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: The name of the corporation is 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: The date of its incorporation is and the period of its duration is The address of its principal office is 30 The address of its proposed registered office in Rhode Island is D 9888 and the name of its proposed registered agent in Rhode Island at (City/Town) that address is The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: (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). Director Director Director

		<u>Name</u>			<u>Address</u>	
	President	Dara	2 Pen	Let Squen bol	Rd Sayme Red Ma. 02:	
	Vice President					
	Treasurer		· ·			
	Secretary		· · · · · · · · · · · · · · · · · · ·			
9.	The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value and series, if any, within a class, is:					
	Number of Share	<u> </u>	Class	<u>Series</u>	Par Value or Statement that Shares are without Par Value	
	_ 275,00	<u>.</u>	Common	1	none o	
10.	(a) \$ <u>\(\frac{20,000}{0000}\)</u> following year, w		d.		to be owned by the corporation for the	
	Island during the following year.  (c)% = An estimate, expressed as a percentage, of the proportion that the estimated value of the property the corporation to be located within this state during the following year bears to the value of all property of the corporation be owned during the following year, wherever located. {divide (b) by (a) and multiply by 100 to obtain the percentage}  11. (a) \$					
	laws of which it is inco	rporated.				
	This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later					
	than the 90th day after	the date of thi	s filing			
				Application for Certificate of	clare and affirm that I have examined this Authority, including any accompanying stements contained herein are true and	
	· alalus			71		
Date	10/9/14			Signature of Authoriz	zed Officer of the Corporation	



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Nassachusetts 02188

Date: October 03, 2014

To Whom It May Concern:

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

PSC GROUP, 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

Certificate Number: 14109724440

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

Processed by: smc

CORPORATIONS DIV



# 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

