Filing Fee: \$75.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

SECTIONS DIV

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as ar undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in ... Stat of Rhode Island, and for that purpose submits the following statement:

	and learning and learning and learning and learning					
1.	The name of the corporation is Dewing & Schmid Architects, Inc.					
2.	It is incorporated under the laws of Massachusetts					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on 07/01/2002 , authorizing it to transact business in Rhode Island under the name of: Dewing & Schmid Architects, Inc.					
4.	he corporate name of the corporation has been changed to					
	(If no change, so indicate.)					
5.	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 qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with Application:						
	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:					
	(If no other or additional purposes are proposed, insert "No Change.")					
	No Change.					
	10'.03 AM					
	FILED					
	DEC 1 7 2014					

	Tota	al Number of			Par Value or Statement that	
	<u>Autho</u>	rized Shares	<u>Class</u>	<u>Series</u>	Shares are without Par Value	
	N/A					
8.	(a) An estim		all property to be owne	ed by the corporation for	the following year, wherever located,	
	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$					
	corporat corpora	ion to be located wi	thin this state during the ring the following year	ne following year bears t	estimated value of the property of the to the value of all property of the%. [divide (b) by (a) and	
9.	(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is N/A .					
	(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$					
	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacte the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is%. [divide (b) by (and multiply by 100 to obtain the percentage]					
10.	Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.					
11. This Application for Amended Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90 th day after the date of this filing upon filing.						
Dat	te: _ 12/12/14		e iı	examined this Application including any accomplicatements contained he	ary, I declare and affirm that I have on for Amended Certificate of Authority, panying attachments, and that all rein are true and correct.	
				_	nomas D. Kearns	
			-	Type or Prin	t Name of Authorized Officer	



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

