Filing and License Fee: \$310.00 minimum



Director

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

2015 JAN 14 PM (2: 14

APPLICATION FOR CERTIFICATE OF AUTHORITY

cor	porati	t to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign ion hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits wing statement:						
1.		name of the corporation is R.J. Kenney Restoration Inc						
2.	It is	incorporated under the laws of Massachuse IIs						
3.	The	ename, 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 1/25/2011 and the period of its duration is perpetual						
5.	The	address of its principal office is 68 Albruny ST. Wowester, MA 01604						
6.	The	address of its proposed registered office in Rhode Island is 322 Jeffer Son Blud, Str 200 (Street Address, not P.O. Box)						
		(Street Address, not P.O. Box) Was with the name of its proposed registered agent in Rhode Island at (Zip Code)						
	that	address is Para Search Inc						
_		(Name of Agent)						
7.	i ne	purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: STOKE and CONCRETE LESTONATION SERVICES						
8.		The names and respective addresses of its directors (optional unless directors are required under the laws of the state or untry of which it is incorporated).						
		<u>Name</u> <u>Address</u>						
	Dire	ctor Michael Burke 6 Lands End Sutton MA 01590						
	Dire	ctor RoberTJ Kenney 45 PrescoTT ST RUTLAND MA 01543						

		<u>Name</u>			<u>Address</u>				
	President	Rope	NT J KONARY	45 PUPS	1011	51 RVI	Than MADIS		
	Vice President	Mich	gelBurke	e blank	End	SUTTON	MX 01590		
	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 Sha		Class	<u>Series</u>		ar Value or Stat ares are withou			
	275000		Common		_ Sha	ves ale	un Thow Than		
10	(a) \$lOl,	123.0	C = An estimate	of the value of all prop	perty to be	owned by the	corporation for the		
10.	following year,	wherever loc	ated.						
	(b) \$Island during th	oe following ye	= An estimate ear.	of the value of the corp	oration's p	roperty to be lo	cated within Rhode		
	(c) the corporation be owned durin	to be located	stimate, expressed as a p I within this state during t g year, wherever located.	ne following year bears to	the value	of all property	of the corporation to		
11. (a) \$ <u>400,000.00</u> = An estimate of the gross amount of business to be transacted light during the following year.							by the corporation		
	(b) \$ 75						by the corporation at		
	transacted by t	he corporatio vill be transac	stimate, expressed as a properties of business of business of business of business at the corporation during the corporation of	siness in this state during	the follow	ing year bears t	to the gross amount		
12.		is application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the vs of which it is incorporated.							
13.	This Application for	Certificate of	Authority shall be effective	e upon filing unless a spec	cified date i	s provided whic	h shall be no later		
	than the 90th day af	fter the date o	f this filing						
				Under penalty of perjury, Application for Certificat attachments, and that a correct.	e of Author	ority, including	any accompanying		
Date	e: 1/12	15		Signature of A	uthorized Oi	Bur fficer of the Corpo	LQ viration		
				Micha Type or Prin	e/ et Name of A	SUNK uthorized Officer	0		



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

Date: January 07, 2015

To Whom It May Concern:

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

R.J. KENNEY RESTORATION, INC.

is a domestic corporation organized on **January 25, 2011**, 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.



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 Travin Galicin

Certificate Number: 15011166890

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

Processed by: tgr