

Filing and License Fee: \$310.00 minimum

2015 JUN 18 PM 3:02  
OFFICE OF THE SECRETARY OF STATE  
CORPORATIONS DIV



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 TURNINGPOINT SYSTEMS, INC.
- 2. It is incorporated under the laws 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", "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 9/5/78 and the period of its duration is INDEFINITE
- 5. The address of its principal office is PMB 312, 127 EASTERN AVE, GLOUCESTER MA 01930
- 6. The address of its proposed registered office in Rhode Island is 450 VETERANS MEMORIAL PARKWAY, SUITE 7A  
(Street Address, not P.O. Box)  
EAST PROVIDENCE, RI 02914 and the name of its proposed registered agent in Rhode Island at  
(City/Town) (Zip Code)  
that address is CT CORPORATION SYSTEM  
(Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  
SOFTWARE SALES & CONSULTING

8. (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).

	Name	Address	
Director	<u>EVERY LEBLANC</u>	<u>54 OLD NUGENT FARM RD, GLOUCESTER MA</u>	<u>01930</u>
Director	<u>JOHN HAMEL</u>	<u>15 TELUMSEN DRIVE, BRADFORD MA</u>	<u>01835</u>
Director			
Director			

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A.A. 3:02 p.m.

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	<u>Address</u>
President	<u>ELERY LEBLANC</u>	<u>(SEE ABOVE)</u>
Vice President	<u>N/A</u>	}
Treasurer	<u>JOHN HAMEL</u>	
Secretary	<u>ELERY LEBLANC</u>	

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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>12500</u>	<u>Common</u>		<u>NO PAR</u>

10. (a) \$ 186,000 = An estimate of the value of all property to be owned 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.

(c) ∅ % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. {divide (b) by (a) and multiply by 100 to obtain the percentage}

11. (a) \$ 3,000,000 = An estimate of the gross amount of business to be transacted by the corporation during the following year.

(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.

(c) ∅ % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by 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. {divide (b) by (a) and multiply by 100 to obtain the percentage}

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 shall be no later than the 90th day after the date of this filing \_\_\_\_\_.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 6-11-15

John P. Hamel  
Signature of Authorized Officer of the Corporation

JOHN P. HAMEL  
Type or Print Name of Authorized Officer



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

William Francis Galvin  
Secretary of the  
Commonwealth

Date: June 15, 2015

To Whom It May Concern :

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

**TURNINGPOINT SYSTEMS, INC.**

is a domestic corporation organized on **September 05, 1978**, 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 appears of record said corporation has legal existence and is in good standing with this office.

RECORDS SECTION OF STATE  
REGISTRATION DIV  
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In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.



*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 15063770470

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

Processed by: hma



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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 handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

