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



# 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**

CORPERATIONS 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 of the corporation is COLONIAL POWER GROUP, INC.											
2.	It is	incorpo	orated under the laws of	SACHUSETTS								
3.			if different, which it elects to us		20	( () ( ()						
	(a)	"incorp	name of the corporation in a orated", or "limited" or an abb corporate endings for use in Ri	previation thereof, then	poration does not contain the word "corporation", list the name of the corporation with the addition	of one of the						
	(b)	If the co qualify applica	and transact business in Rho	set forth below the fictitious name under which the co the "Fictitious Business Name Statement" to be fi	Ned with this 1 <≥							
4.	The	date of	its incorporation is AUGUST :	30, 2002	and the period of its duration is							
5.	The address of its principal office is 277 MAIN STREET, MARLBOROUGH, MA 01752											
					32 FISHING COVE RD							
6.	5. The address of its proposed registered office in Rhode Island is (Street Address, not P.O. Box)											
	KIN	IGSTON	·	, RI	and the name of its proposed registered agent in Rho	de Island at						
			(City/Town)	(Zip Code)								
	that	address	s is DAVID MCCABE									
				(Name	of Agent)							
7.	The	purpos	e or purposes which it propose	s to pursue in the trans	action of business in Rhode Island are:							
	Colonial Power Group Inc. consults with, educates, aggregates and represents communities in the											
	of F	of Rhode Island that wish to implement municipal aggregation programs.										
8.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state of country of which it is incorporated).											
			Name		<u>Address</u>							
	Di	_4	MARK CAPPADONA		63 BOIVIN DRIVE, MARLBOROUGH, MA 01752							
	Dire Dire	ctor	BRIAN MURPHY	FILED	11 SURREY LANE, SHREWSBURY, MA 01545							
	Dire	ctor		JUN 1 9 2015								
	Dire	ector	BY	Cn 25/260	2_3:21							

Form No. 150 Revised: 06/11

	President Vice President Treasurer Secretary		Name MARK CAPPADONA			Address 63 BOIVIN DRIVE, MARLBOROUGH, MA 01752					
			BRIAN MURPHY			11 SURREY LANE, SHREWSBURY, MA 01545					
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:										
	•					Series	Par Value or Statement that Shares are without Par Value				
	27	Number of Sha 500	<u>ues</u>	<u>Class</u> COMMON	N/A	<u> 3eries</u>	SHARES WITHOUT PAR VALUE				
							<del></del>				
10.	 (a)	\$ 0 following year,	wherever loca		ate of the v	alue of all propert	y to be owned by the corporation for the				
	(b)	\$	ne following ve		ite of the va	alue of the corpora	tion's property to be located within Rhode				
	(a)	0			norcontogo	of the proportion	that the estimated value of the preparty of				
	(c)		% = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of ration to be located within this state during the following year bears to the value of all property of the corporation to I during the following year, wherever located. {divide (b) by (a) and multiply by 100 to obtain the percentage}								
11.	(a)	\$		= An estima	te of the gr	oss amount of bus	siness to be transacted by the corporation				
		during the follow	e 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	e following y	ear.					
	(c)	transacted by t thereof which v the percentage	he corporation vill be transac	n at or from places of b	ousiness in 1	his state during the	n that the gross amount of business to be e following year bears to the gross amount ide (b) by (a) and multiply by 100 to obtain				
12.		s application is a s of which it is in		by a certificate of Good	d Standing	ssued by the prop	er officer of the state or country under the				
13.	3. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no										
	thar	the 90th day af	fter the date of	this filing		,					
Date	<b>e</b> :	6/9/15-			Applicatio	n for Certificate of the state of the case	eclare and affirm that I have examined this of Authority, including any accompanying tatements contained herein are true and				
	-	• •		•		Signature of Author	orized Officer of the Corporation				
					MARK C	APPADONA					
						Type or Print Na	me of Authorized Officer				



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

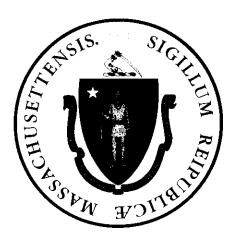
Date: June 12, 2015

To Whom It May Concern:

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

## COLONIAL POWER 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 comporation has filed all annual reports, and paid all fees with respect to such reports, and so fair 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 Travino Galecin

Certificate Number: 15063743290

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

Processed by: ach

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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

