

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 JUL -3 PM 1:58

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 MISICOM, INC.

2. It is incorporated under the laws of California

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 5/16/1983 and the period of its duration is perpetual

5. The address of its principal office is 100 City Square, Boston, MA 02129

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 National Registered Agents, Inc. (Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Temporary help services

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).

Director See attached FILED

Director

Director JUL 02 2015

Director BY [Signature] 252239

Form No. 150 Revised: 06/11

1:58

(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	See attached	
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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
10,000	Common		Shares are without Par Value

10. (a) \$ 0 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.

(b) \$ 0 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.

(c) 0 % = 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) \$ 44,000,000 = An estimate of the gross amount of business to be transacted by the corporation during the following year.

(b) \$ 2,000,000 = 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) 4.55 % = 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: 7-1-15

Charles C. Gill

Signature of Authorized Officer of the Corporation

Charles Gill, Assistant Treasurer

Type or Print Name of Authorized Officer

BOS

**MISICOM, Inc.
Officers and Directors**

Directors

John W McCain 100 City Square, Boston, MA 02129

<u>Name</u>	<u>Title</u>	<u>Address</u>
John W McCain	Chairman of the Board	100 City Square, Boston, MA 02129
David Croxville	Executive Vice President & Chief Financial Officer	100 City Square, Boston, MA 02129
Lawrence D Whelan, Jr.	Treasurer	100 City Square, Boston, MA 02129
John M. Dick	Secretary	100 City Square, Boston, MA 02129
Jennifer M. Lurie	Assistant Secretary	100 City Square, Boston, MA 02129
C. Whitney Pedersen	Assistant Secretary	100 City Square, Boston, MA 02129
Charles C. Gill	Assistant Treasurer	100 City Square, Boston, MA 02129
Fran Convery	Assistant Treasurer	100 City Square, Boston, MA 02129

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MISICOM, INC.

FILE NUMBER: C1201078
FORMATION DATE: 05/16/1983
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 02, 2015.

A handwritten signature in black ink, appearing to read 'Alex Padilla', written in a cursive style.

ALEX PADILLA
Secretary of State



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

