Filing and License Fee: \$310.00 minimum



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

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

CORPORATIONS DIV

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: The name of the corporation is $_{\mbox{R.E.}}$ ERICKSON CO INC. It is incorporated under the laws of MASSACHUSETTS 2. 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: The date of its incorporation is DEC 31 1963 _ and the period of its duration is __**\VIV** The address of its principal office is 595 PROVIDENCE HIGHWAY, WALPOLE MA 02081 The address of its proposed registered office in Rhode Island is 34 ISLAND DRIVE (Street Address, not P.O. Box) **COVENTRY** RI 02816 and the name of its proposed registered agent in Rhode Island at (City/Town) (Zip Code) that address is _MARC LEMOI (Name of Agent) The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: SYSTEMS INTEGRATOR FOR WATER TREATMENT PLANTS (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 <u>Address</u> **DAVID LABONTE** 595 PROVIDENCE HIGHWAY, WALPOLE MA 02081 Director 10:58 AM MARC LEMOI 34 ISLAND DR, COVENTRY RI 02816 Director **GARY ROY** 24 CUMBLERLAND ST, ATTLEBORO MA 02703 Director AUG 24 2015 Director

	<u>N</u>			<u>Name</u>		<u>Address</u>	
	President Vice President Treasurer Secretary		DAVID LABONTE MARC LEMOI DAVID LABONTE DAVID LABONTE		595 PROVIDE	595 PROVIDENCE HIGHWAY, WALPOLE MA 02081	
					34 ISLAND DR, COVENTRY RI 02816		
					595 PROVID	595 PROVIDENCE HIGHWAY, WALPOLE MA 02081	
					595 PROVIDENCE HIGHWAY, WALPOLE MA 02081		
9.	The	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 Shares 5000		•	<u>C</u> lass	Socion	Par Value or Statement that Shares are without Par Value	
			1163	COMMON	<u>Series</u>		
					NO PAR VALUE		
	(a) \$ 75,000 = An estimate of			= An estimat	te of the value of all prop	perty 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 Rhod Island during the following year.					
Í	(n)	2					
	(c)	% = An estimate, expressed as a percentage, of the proportion that the estimated value of the property the corporation to be located within this state during the following year bears to the value of all property of the corporation be owned during the following year, wherever located. {divide (b) by (a) and multiply by 100 to obtain the percentage}					
11.	(a)	a) \$\frac{2,160,000.00}{\text{during the following year.}} = An estimate of			e of the gross amount of	business to be transacted by the corporation	
	(b)	\$ 432,000.00 = An estimate of the gross amount of business to be transacted by the corporation or from places of business in Rhode Island during the following year.					
	(c)	20 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to 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}					
2.	This	nis application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the ws of which it is incorporated.					
	This	This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later					
	thar	han the 90th day after the date of this filing					
					Application for Certificate	I declare and affirm that I have examined this e of Authority, including any accompanying II statements contained herein are true and	
Date	: _2	20 AUGUST 2015		Signature of Authorized Officer of the Corporation			
					Signature of A	utnonzed Uπicer of the Corporation	
					DAVID LABONTE, PRES	SIDENT	

Type or Print Name of Authorized Officer



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

Date: August 19, 2015

To Whom It May Concern:

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

R. E. ERICKSON CO, 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 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: 15084875910

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

Processed by: nmc