

## State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

## **Application for Certificate of Authority Foreign Business Corporation**

Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1,2-1405, 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:	
eRPortal Software Inc	
2. It is incorporated under the laws of:	Massachusetts
3. The name, if different, which it elects to use in Rhod	e Island is:
(a) If the name of the corporation in its jurisdiction of in "incorporated", or "limited," or an abbreviation thereof, the the above corporate endings for use in Rhode Island:	corporation does not contain the word "corporation", "company", then list the name of the corporation with the addition of one of
(b) If the corporate name is not available in Rhode Islan corporation will qualify and transact business in Rhode be filed with this application:	nd, then set forth below the fictitious name under which the Island as stated in the "Fictitious Business Name Statement" to
4. The date of its incorporation is:	8-10-1989
And the period of its duration is: CHECK ONLY ONE E	вох
Date certain for dissolution	
5. The address of its principal office is:	
59 Interstate Drive Ste 30 West Springfield	d, MA 01089

11:11 AM

**FILED** 

APR 20 2016

By 272650

Form No. 150 Revised, 2016

		_		<del></del>	
6. The name and addr	ress of the initial	registered ag	ent/office of in Rhode is	sland:	
Agent Name North	west Registe	ered Agent	, Inc		
Street Address (NOT a	P.O. Box) Or	ne Richmor	nd Square, Ste 125	В	
City/Town Providence		State RHODE ISLAN	D Zip Code 02906		
7. The purpose or pur	poses which it p	roposes to pu	rsue in the transaction of	of business in Rhode Island are:	
Software Sales, I	mplementati	ion & Train	ing Services		
8. (a) The names and state or country of whi			rectors (optional, unless	directors are required under the laws of the	
NAME				ADDRESS	
Edward R Garibia	n 6 Elizabeth Circle Longmeadow, I			dow, MA 01016	
Sarkis Garibian	14 Kensington CT Wilbraham			m, MA 01095	
Mary Garibian		14 Kensington CT Wilbraham, MA 01095			
			-	Check the box to indicate an attachment.	
8. (b) The names and laws of the state or cou	respective addre	esses of its pri	incipal officers (mandate	ory if directors are not required under the	
OFFICE		NAME		ADDRESS	
PRESIDENT	Ed Garibian		6 Elizabeth Circle Longmeadow, MA 01016		
VICE PRESIDENT		•			
TREASURER	Sarkis Garibian		14 Kensin	14 Kensington CT Wilbraham, MA 01095	
SECRETARY	Mary Garibian		14 Kensin	14 Kensington CT Wilbraham, MA 01095	
			0	Check the box to indicate an attachment.	
9. The aggregate number without par value, and	ber of shares wh series, if any, w	nich it has auti ithin a class, is	hority to issue; itemized	by classes, par value of shares, shares	
NUMBER OF SHARES	CLAS			PAR VALUE OR STATE NO PAR VALUE	
1,000,000	CNP	<del></del>		0	
· · · · · · · · · · · · · · · · · · ·	-				

Form No. 150 Revised: 2016

10. (a) Estimate, in dollars, the value of all proper located:	erty to be owned by the corporation for the follow	ving year, wherever		
\$_48,806				
(b) Estimate, in dollars, the value of the corporation year:	on's property to be located within Rhode Island o	during the following		
\$ <u> </u>				
(c) Estimate, as a percentage, 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. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.				
<u>0</u> %				
11. (a) Estimate, in dollars, the gross amount of bu	isiness to be transacted by the corporation during	the following year.		
\$				
(b) Estimate, in dollars, the gross amount of busin in Rhode Island during the following year.	ness to be transacted by the corporation at or fro	m places of business		
\$ <u>300,000</u>				
(c) Estimate, as a percentage, the proportion of to or from places of business in Rhode Island during be transacted by the corporation during the follow percentage.	the following year compared to the gross amou	int thereof which will		
15 %				
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.				
13. Date when the Certificate of Authority will be e	ffective: CHECK ONLY ONE BOX			
Date received (Upon filing)  Later effective date (Date must be no more than 90 days from the day of 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.				
Signature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer Edward R Garibian	Date 4-18-16		
		·		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

Date: April 15, 2016

To Whom It May Concern:

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

## ERPORTAL SOFTWARE, 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: 16048921380

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

Processed by: smc

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

