No Filing Fee (See Instructions)

ID Number: \QV\20



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

APPLICATION FOR TRANSFER OF AUTHORITY LITHKO CONTRACTING, LLC	YPORATION
(Insert full name of the entity following the transfer)	- 1 50
SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY	STATI
Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, qualified foreign (<i>check one box only</i>):	
Non-Profit Corporation or Business Corporation or Limited Liabilit	ty Company <u>or</u>
Limited Partnership or Limited Liability Partnership	
submits the following Application for the purpose of transferring its authority to a (check one box on	ıly):
Limited Partnership or Limited Liability Company or Business Corp. Limited Liability Partnership or Non-Profit Corporation	ooration <u>or</u>
The name of the entity filing this application for transfer is: LITHKO CONTRACTING, INC.	
b. The date on which the entity filing this application qualified to conduct business in the State of the date of	of Rhode Island:
c. The jurisdiction upon transfer of authority:	
d. The name of the entity following the transfer of authority is: LITHKO CONTRACTING, LLC	
e. The application for transfer is filed as an accompanying certificate to the certificate of re partnership or application for registration for a limited liability company or application for a business corporation or application for certificate of authority for a not notice of registration for a registered limited liability partnership (check one box only).	ation for certificate of

Form 612 05/12

The application for transfer is accompanied by a certificate of good standing or legal existence issued by the

proper officer of the state or country under the laws of which it is incorporated.

MAY 1 0 2016

SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 5/3/16		
Print Name of Other Entity	<u>OR</u>	Print Name of Partnership
By: Signature of Authorized Person		By:Signature of Partner
By: Signature of Authorized Person		By:Signature of Partner
•		By:Signature of Partner
		Signature of Partner
LITHKO CONTRACTING, INC.		
Print Name of Corporation	<u>OR</u>	Print Name of Limited Liability Company
By: Frasur Frasur Signature of Authorized Person		By: Signature of Authorized Person
By:		Bv.
Signature of Authorized Person		Signature of Authorized Person