

State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street Providence Phode Island 02004 2615

148 W. River Street, Providence, Rhode Island 02904-2615

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

SECKETARY OF STATE OF

Application for Certificate of Authority Foreign Business Corporation

Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:

The name of the corporation is:				
Quarles II, Inc.				
2. It is incorporated under the laws of:	Commonwealth 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 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			
N/A				
(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:				
N/A				
4. The date of its incorporation is:	September 29, 1989			
And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
6 Christopher Drive, Lincoln, RI 02865				

FILED

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By QUL 275375

Form No. 150 Revised: 2016

6. The name and addre	ess of the initial	registered a	igent/office	of in Rhode Island:	:
Agent Name John	A. Beretta, E	sq.			
Street Address (NOT a	P.O. Box) 65	0 George	Washing	ton Highway	
City/Town Lincoln	City/Town Lincoln		State RHC	DDE ISLAND	Zip Code 02865
7. The purpose or purp	oses which it pr	roposes to pi	ursue in the	transaction of bus	siness in Rhode Island are:
Retail sales					
8. (a) The names and r state or country of whic			directors (op	itional, unless direc	ctors are required under the laws of the
NAME			ADDRESS		
Todd D. Quarles		6 Christo	opher Dri	ve, Lincoln, Rl	02865
					k the box to indicate an attachment.
8. (b) The names and relaws of the state or cou				cers (mandatory if	directors are not required under the
OFFICE	NAME			ADDRESS	
PRESIDENT	Todd D. Quarles			6 Christopher Drive, Lincoln, RI 02865	
VICE PRESIDENT					
TREASURER	Todd D. Quarles			6 Christopher Drive, Lincoln, RI 02865	
SECRETARY	Todd D. Quarles			6 Christopher Drive, Lincoln, RI 02865	
				Check	the box to indicate an attachment.
9. The aggregate numb without par value, and s				sue; itemized by cl	lasses, par value of shares, shares
NUMBER OF SHARES	CLASS	<u> </u>		RIES	PAR VALUE OR STATE NO PAR VALUE
12,500	0 Common			No Par Value	
	·				

10. (a) Estimate, in dollars, the value of all prope located:	rty to be owned by the corporation for the follow	ring year, wherever			
\$ <u>-0-</u>					
(b) Estimate, in dollars, the value of the corporatio year:	n's property to be located within Rhode Island d	luring the following			
\$_ ⁻⁰⁻					
(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. <i>Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.</i>					
0%					
11. (a) Estimate, in dollars, the gross amount of but	siness to be transacted by the corporation during	the following year.			
\$_43,338,546.00					
(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.					
\$ <u>8,003,959.00</u>					
(c) Estimate, as a percentage, the proportion 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 compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>					
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 effective: 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 Todd D. Quarles	5/26/H			
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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.

Form No. 150 Revised: 2016



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

Date: May 24, 2016

To Whom It May Concern:

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

QUARLES II, 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 Galetin

Certificate Number: 16059590450

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

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