

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

**Certificate of Authority** 

**FOREIGN Corporation** 

→ Filing 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:

SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OF STATE

for that purpose submits the following statement:				
1. The name of the corporation is:				
Springfield Fence Company, Inc.				
2. It is incorporated under the laws of: Vermont				
3. The name, if different, which it elects to use in Rh	node Island is:			
(a) If the name of the corporation in its jurisdiction o "incorporated", or "limited," or an abbreviation thereo 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: March 13, 19	980			
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	E BOX			
I I V I Parnatilai (An-Aoina)				
Date certain for dissolution				
Date certain for dissolution	05150			
Date certain for dissolution  5. The address of its principal office is:				
Date certain for dissolution  5. The address of its principal office is:  50 Route 106, P O Box 10, North Springfield, VT				
Date certain for dissolution  5. The address of its principal office is:  50 Route 106, P O Box 10, North Springfield, VT  6. The name and address of the initial registered ag Agent Name  InCorp Services, Inc.  Street Address (NOT a P.O. Box)	ent/office of in Rhode Island:			
Date certain for dissolution  5. The address of its principal office is:  50 Route 106, P O Box 10, North Springfield, VT  6. The name and address of the initial registered ag  Agent Name  InCorp Services, Inc.	ent/office of in Rhode Island:	Zip Code		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 23 2016 (1:08

BY <u>u > 17393</u>

**FILED** 

7. The purpose or purp	oses which it proposes to pursue in t	he transaction of t	ousiness in Rhode Island are:
Fence sales and insta	llations, ornamental metalwork and	d related product	ie.
T Gliob Salob alla lilota	mations, ornanional metamora an	u leiaieu pioaao.	
8. (a) The names and r	espective addresses of its directors (	optional, unless d	irectors are required under the laws of the
state or country of which			
NAME		A	DDRESS
			Check the box to indicate an attachment.
	espective addresses of its principal o of which it is incorporated):	fficers (mandatory	if directors are not required under the laws
OFFICE	NAME	<u> </u>	ADDRESS
PRESIDENT	Jeffrey W. Blauw	65 Stewart Pla	nce, Chester, VT 05143
VICE PRESIDENT	Deborah S. Blauw	65 Stewart Pla	ice, Chester, VT 05143
TREASURER	Deborah S. Blauw	65 Stewart Pla	ce, Chester, VT 05143
SECRETARY	Deborah S. Blauw	65 Stewart Pla	ce, Chester, VT 05143
			Check the box to indicate an attachment.
<ol><li>The aggregate numb par value, and series, if</li></ol>		issue; itemized by	classes, par value of shares, shares without
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
400	Voting		100.00
100	Non-Voting		100.00
	llars, the value of all property to be		ollars, the value of the corporation's property
located:	on for the following year, wherever	to be located with	nin Rhode Island during the following year:
\$_395,000.00	<u> </u>	\$ <u>0.00</u>	
(c) Estimato as a parce	entage the proportion that the estimate	atad value of the n	property of the corporation to be located
			ne corporation to be owned during the
following year, wherever	r located. Note: Divide (10b) by (10a)	and multiply by 1	00 to obtain the percentage.
<b>0</b> %			

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(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.	
\$	\$	
(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> .		
1.93		
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporated	Good Standing/Letter of Status issued by the proper officer of that is dated within 60 days of the filing of this document.	
13. Date when the Certificate of Authority will be effective: C	HECK ONLY ONE BOX	
13. Date when the Certificate of Authority will be effective: C  Date received (Upon filing)	HECK ONLY ONE BOX	
Date received (Upon filing)  Later effective date (Date must be no more than 90 day	s from the day of filing) mined this Application for Certificate of Authority, including any	
Date received (Upon filing)  Later effective date (Date must be no more than 90 day  Under penalty of perjury, I declare and affirm that I have example.	s from the day of filing) mined this Application for Certificate of Authority, including any	
Date received (Upon filing)  Later effective date (Date must be no more than 90 day  Under penalty of perjury, I declare and affirm that I have exact accompanying attachments, and that all statements contained	s from the day of filing) mined this Application for Certificate of Authority, including any ad herein are true and correct.	
Date received (Upon filing)  Later effective date (Date must be no more than 90 day  Under penalty of perjury, I declare and affirm that I have exact accompanying attachments, and that all statements contained.  Type or Print Name of Authorized Officer	s from the day of filing) mined this Application for Certificate of Authority, including any ad herein are true and correct.	
Date received (Upon filing)  Later effective date (Date must be no more than 90 day  Under penalty of perjury, I declare and affirm that I have exacaccompanying attachments, and that all statements contained  Type or Print Name of Authorized Officer  Deborah S. Blauw	s from the day of filing)	

## STATE OF VERMONT OFFICE OF SECRETARY OF STATE

## Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

## SPRINGFIELD FENCE COMPANY, INC.

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Mar 13, 1980.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

June 17, 2016

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital.

FREEDOM I.

James C. Condos

James C. Condos Vermont Secretary of State

Business ID: 0081126

Certificate Number: 2013267548001

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

