

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:

or that purpose submits the following statement:		
1. The name of the corporation is:		
Prestige Environmental, Inc.		
2. It is incorporated under the laws of:	nusetts	
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 there above corporate endings for use in Rhode Island:	of incorporation does not contain of the corporation of, then list the name of the corporation	the word "corporation", "company", oration with the addition of one of the
(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rho filed with this application:	sland, then set forth below the fic ode Island as stated in the "Fictiti	ctitious name under which the ous Business Name Statement" to be
4. The date of its incorporation is: 09/18/2015		20
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	E BOX	
Date certain for dissolution		
5. The address of its principal office is:		3 500
§§ Nesmith St, Lawrence, MA 01841	WIO: 5	
6. The name and address of the initial registered ag	ent/office of in Rhode Island:	10
Agent Name CT Corporation SYSHEM		
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Men	norial PARLWay Swit	e7A
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

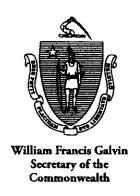
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Asbestos removal, rei	mediation contractor			
o () =				
8. (a) The names and restate or country of which	espective addresses of its directors (th it is incorporated):	(optional, unless	directors are required under the laws of the	
NAME			ADDRESS	
		-	NDDI LOG	
				
			Check the box to indicate an attachment.	
8. (b) The names and re of the state or country o	espective addresses of its principal of which it is incorporated):	officers (mandator	ry if directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	Ana Cruz	a Cruz 60 Nesmith St, Lawrence, MA 01841		
VICE PRESIDENT	Ana Cruz	60 Nesmith S	60 Nesmith St, Lawrence, MA 01841	
TREASURER	Ana Cruz	60 Nesmith S	60 Nesmith St, Lawrence, MA 01841	
SECRETARY	Ana Cruz	60 Nesmith S	60 Nesmith St, Lawrence, MA 01841	
			Check the box to indicate an attachment.	
9. The aggregate number	er of shares which it has authority to	issue: itemized t	by classes, par value of shares, shares without	
par value, and series, if	any, within a class, is:		y oldosco, par value of criarco, criarco marca.	
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
12500			no par value	
•				
	lars, the value of all property to be on for the following year, wherever		dollars, the value of the corporation's property thin Rhode Island during the following year:	
located:				
\$_40,000.00		\$ <u>4,000.00</u>		
(c) Estimate as a nerce	entage the proportion that the estim	ated value of the	property of the corporation to be located	
within this state during th	he following year bears to the value	of all property of t	the corporation to be owned during the	
following year, wherever	located. Note: Divide (10b) by (10a)) and multiply by	100 to obtain the percentage.	
10 %				

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.			
\$ 750,000	\$ <u>75,000</u>	<u></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>				
<u>10</u> %				
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.				
Type or Print Name of Authorized Officer		Date		
Ana Cruz	ļ	08/31/2016		
Signature of Authorized Officer of the Corporation SIGNADOCUMENT HERE				



The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

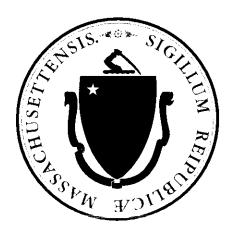
Date: August 31, 2016

To Whom It May Concern:

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

PRESTIGE ENVIRONMENTAL, INC.

is a domestic corporation organized on September 18, 2015, under the General Laws of the 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 Travino Galicin

Certificate Number: 16090006210

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

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