

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

SECRETARY OF STATE CORPORATIONS DIV

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:

1. The name of the corporation is:				
Group One Partners, Inc.				
2. It is incorporated under the laws of:	Massachusetts			
3. The name, if different, which it elects to use in Rhod	le 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			
(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:	07/20/2004			
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:				
21 West 3rd Street Boston, MA 02127				

FILED

SEP 1 6 2016

By \$\alpha \cdot 283753

Form No. 150 Revised, 2016

6. The name and addre	ess of the initial	registered ag	ent/office of in Rhode Islan	d:	
Agent Name C T Cor	poration System				
Street Address (<u>NOT</u> a	P.O. Box) 450	Veterans Men	norial Parkway, Suite 7A		
City/Town East Providence		State RHODE ISLAND	Zip Code 02914		
7. The purpose or purp	oses which it pr	oposes to pu	rsue in the transaction of b	usiness in Rhode Island are:	
Architectural and Interio	or Design Services	s			
8. (a) The names and r state or country of which			rectors (optional, unless di	rectors are required under the laws of the	
NAME		ADDRESS			
Mary E. Faria		21 West 3rd Street Boston, MA 02127			
Kevin P. Mullin		21 West 3rd Street Boston, MA 02127			
		-			
			Che	eck the box to indicate an attachment.	
8. (b) The names and r laws of the state or cou				if directors are not required under the	
OFFICE	I NAME			ADDRESS	
PRESIDENT	Mary E. Faria		21 West 3rd Stre	21 West 3rd Street Boston, MA 02127	
VICE PRESIDENT					
TREASURER	Kevin P. Mullin		21 West 3rd Stre	21 West 3rd Street Boston, MA 02127	
SECRETARY	Harry F. Wheeler Jr.		21 West 3rd Stre	21 West 3rd Street Boston, MA 02127	
		• 11	Che	ck the box to indicate an attachment.	
9. The aggregate numb				classes, par value of shares, shares	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
200,000	CNP			No Par Value	
	1000 10				
				·	

Farm No. 150 Revisad: 2018

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10. (a) Estimate, in dollars, the value of all prope located:	rty to be owned by the corporation for the	following year, wherever		
\$ _126,000.00				
(b) Estimate, in dollars, the value of the corporation year:	n's property to be located within Rhode Is	sland during the following		
\$_0.00				
(c) Estimate, as a percentage, the proportion that within this state during the following year bears to following year, wherever located. Note: Divide (10)	the value of all property of the corporation	n to be owned during the		
<u> </u>				
11. (a) Estimate, in dollars, the gross amount of bu	siness to be transacted by the corporation	during the following year.		
\$_6,000,000.00				
(b) Estimate, in dollars, the gross amount of busin in Rhode Island during the following year.	ess to be transacted by the corporation a	t or from places of business		
\$_50,000.00				
(c) Estimate, as a percentage, the proportion of the or from places of business in Rhode Island during be transacted by the corporation during the following percentage.	the following year compared to the gross	amount thereof which will		
%				
12. This application must be accompanied by a Coofficer of the state or country under the laws of wh document.	ertificate of Good Standing/Letter of Statu ich it is incorporated that is dated within 6	s issued by the proper to days of the filing of this		
13. Date when the Certificate of Authority will be e	fective: 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	Date		
SIGNAGUIVENTHERE	MARY FARIA	9.15.16		

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.rl.gov.



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

Date: September 15, 2016

To Whom It May Concern:

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

GROUP ONE PARTNERS, 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

Certificate Number: 16090246640

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

Processed by: tad