

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:

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for that purpose submits the following statement:					
The name of the corporation is:					
CHRIS & SON ROOFING INC					
2. It is incorporated under the laws of: MASSAC	CHUSETTS				
3. The name, if different, which it elects to use in RI	node Island is:				
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	of incorporation does not contain of, then list the name of the corp	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 Rhofiled with this application:	sland, then set forth below the fi ode Island as stated in the "Fictit	ctitious name under which the ious Business Name statement" to be			
4. The date of its incorporation is:	ARCH 16, 2015				
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	Е ВОХ	E. SEE			
Date certain for dissolution	- 11-1				
5. The address of its principal office is:					
60 NORTH AVENUE WARREN BROCKTON, MA 02301					
6. The name and address of the initial registered agent/office of in Rhode Island:					
Agent Name ANGELA GUAMAN					
Street Address (NOT a P.O. Box) 238 MAGNOLIA STREET					
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02909			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 4:37

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			he transaction of	business in Rhode Island are:
ROOFING AND HOME	. REMODELLIN	/G		
The service and	برام احداث المساحد	Strange /		
(a) The names and restate or country of which	espective addre	esses of its directors (cated):	optional, unless o	directors are required under the laws of the
NAME			A	ADDRESS
CRISOSTOMO GUAMA	AN YUPANGU	60 NORTH WARRE	· · — • ·	
- 0 \ - 1 and #		The stand of		Check the box to indicate an attachment.
of the state or country o	espective addre	corporated):	ificers (mandatory	y if directors are not required under the laws
OFFICE		NAME		ADDRESS
PRESIDENT	CRISOSTOM	O G YUPANGUI	60 NORTH W#	ARREN AVENUE BROCKTON, MA 02301
VICE PRESIDENT	CRISOSTOM	O G YUPANGUI	60 NORTH W	ARREN AVENUE BROCKTON, MA 02301
TREASURER	CRISOSTOM	CRISOSTOMO G YUPANGUI		ARREN AVENUE BROCKTON, MA 02301
SECRETARY	CRISOSTOM	O G YUPANGUI	60 NORTH W#	ARREN AVENUE BROCKTON, MA 02301
				Check the box to indicate an attachment.
The aggregate number par value, and series, if	er of shares whi any, within a cl	ich it has authority to i	ssue; itemized by	y classes, par value of shares, shares without
NUMBER OF SHARES	CLASS	3	SERIES	PAR VALUE OR STATE NO PAR VALUE
20.000	CNP			NO PAR VALUE
4,14,44				
Total India	**************************************			
10. (a) Estimate, in doll owned by the corporation				follars, the value of the corporation's property hin Rhode Island during the following year:
located: \$ 20.000	11101 111	ilg your,		•
\$			\$ <u>5,00</u>	<u></u>
(c) Estimate, as a perce	entage, the pror	oortion that the estima	ted value of the r	property of the corporation to be located
within this state during th	he following yea	ar bears to the value of	of all property of the	he corporation to be owned during the
following year, wherever	located. Note: I	Divide (10b) by (10a)	and multiply by 1	100 to obtain the percentage.
25 %				

<u></u>					
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 g transacted by the corporation Rhode Island during the follo	ross amount of business to be at or from places of business in wing year.			
\$_40,000	\$ 10000				
	· · · · · · · · · · · · · · · · · · ·				
(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. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.					
<u>25</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			
CRISOSTOMO GUAMAN YUPANGUI	i	09/12/2016			
Signature of Authorized Officer of the Corporation					
SIGN DOCUMENT HERE					



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: September 16, 2016

To Whom It May Concern:

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

CHRIS & SON ROOFING 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 Travino Galicin

Certificate Number: 16090278010

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

Processed by: tad