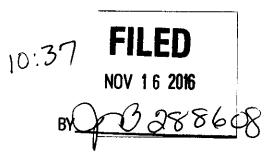


State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

## 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:	
Ostrow Electrical Co.	
2. It is incorporated under the laws of:	Massachusetts
3. The name, if different, which it elects to use in Rho	de Island is:
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereof the above corporate endings for use in Rhode Island:	incorporation does not contain the word "corporation", "company", f, then list the name of the corporation with the addition of one of
(b) If the corporate name is not available in Rhode Isl corporation will qualify and transact business in Rhod be filed with this application:	and, then set forth below the fictitious name under which the le Island as stated in the "Fictitious Business Name Statement" to
4. The date of its incorporation is:	08/27/1946
And the period of its duration is: CHECK ONLY ONE Perpetual (on-going)	
Date certain for dissolution	
5. The address of its principal office is:	
9 Mason Street Worcester, Ma 01609	



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Form No. 150 Revised: 2016

<ol> <li>The name and add</li> </ol>		)			
	ress of the initia	registered ag	jent/office	of in Rhode Island:	
Agent Name Enric	o Siravo				
Street Address (NOT	a P.O. Box) 12	Westview	Avenue	)	
City/Town North Providence			State RHODE ISLAND		Zip Code 02911
7. The purpose or pur	poses which it p	roposes to pu	rsue in the	e transaction of busir	ess in Rhode Island are:
Electrical Constr	ruction Cont	ractor			
8. (a) The names and state or country of whi	respective addr ch it is incorpora	esses of its dir ated):	rectors (or	ptional, unless directo	prs are required under the laws of th
NAME				ADDRE	SS
Jonathan S. Ostrow 200 L		200 Lovel	l Street	Worcester, Ma	01603
Matthew L. Ostrow 15 Birchv			wood Street Worcester, MA 01609		
Philip Q. Ostrow 30 Suomi			Street F	Paxton, MA 0161	2
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aws of the state or cou	respective addre untry of which it	is incorporated	ncipal offi d):		he box to indicate an attachment.
OFFICE	respective addre	esses of its pri is incorporated NAME	ncipal offi d):		
aws of the state or cou OFFICE PRESIDENT	respective addre untry of which it Matthew L	is incorporated NAME	ncipal offi d):	cers (mandatory if di	rectors are not required under the
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10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:

\$\_186,800

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

\$<sup>0</sup>

(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. *Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.* 

0\_\_\_\_%

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.

s 18,000,000

(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.

\$ <sup>300,000</sup>

(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*.

1.67 %

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	Date
MILLEN CONTENT HERE	Matthew L. Ostrow	119/16

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.ri.gov.



William Francis Galvin Secretary of the Commonwealth **The Commonwealth of Massachusetts** Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: November 08, 2016

To Whom It May Concern :

I hereby certify that according to the records of this office, OSTROW ELECTRICAL CO.

is a domestic corporation organized on August 27, 1946 , 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.

Villian Incenins Ithein

Secretary of the Commonwealth

Certificate Number: 16110162210 Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx Processed by: tgr



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

## 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

