

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

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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:				
New England Specialty Services, 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:			
	ncorporation does not contain the word "corporation", "company", then list the name of the corporation with the addition of one of			
	and, then set forth below the fictitious name under which the slatand as stated in the "Fictitious Business Name Statement" to			
4. The date of its incorporation is:	07/01/2012			
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:				
2 Lark Street, Suite #1, Fall River, MA 02721				

FILED ~

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BY Cm 293393

Form No. 150 Revised: 2016

6. The name and addr	ess of the initial	registered ag	ent/office	of in Rhode Island	d :	
Agent Name Paul L	aprocina- L	epizzera &	Laproci	na		
Street Address (NOT a	a P.O. Box) 11	7 Metro Ce	enter Blv	/d Suite 200	1	
City/Town Warwick	Stat			DDE ISLAND	Zip Code 02886	
7. The purpose or purp	oses which it p	roposes to pu	rsue in the	transaction of bu	siness in Rhode Island are:	
Construction Spe	ecialty Servi	ces, Metal	Building	gs, General Co	onstruction, Site Prep	
8. (a) The names and state or country of which			rectors (op	otional, unless dire	ectors are required under the laws of the	
NAME	NAME ADDRE				RESS	
Monica Biszko	Monica Biszko 17 Sandpiper Driv			ve, Westport, MA 02790		
					. 	
				Che	ck the box to indicate an attachment.	
8. (b) The names and r laws of the state or cou	respective addre untry of which it	esses of its pri is incorporate	incipal offi d):	cers (mandatory i	f directors are not required under the	
OFFICE	NAME			ADDRESS		
PRESIDENT	Monica Biszko			17 Sandpiper Drive, Westport, MA 02790		
VICE PRESIDENT	Monica Biszko			17 Sandpiper Drive, Westport, MA 02790		
TREASURER	Monica Biszko			17 Sandpiper Drive, Westport, MA 02790		
SECRETARY	Monica Biszko			17 Sandpiper Drive, Westport, MA 02790		
				Chec	k the box to indicate an attachment.	
9. The aggregate numb without par value, and				sue; itemized by	classes, par value of shares, shares	
NUMBER OF SHARES 1000	<u></u>		SER	PAR VALUE OR STATE NO PAR VALUE NO PAR VALUE		
					(no st	

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10. (a) Estimate, in dollars, the value of all property to be owned by the corporation follocated:	or the following year, wherever				
\$_50,000.00					
(b) Estimate, in dollars, the value of the corporation's property to be located within Rho year:	de Island during the following				
\$ <u> </u>					
(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.					
%					
11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.					
\$ <u>3,500,000.00</u>					
(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation Rhode Island during the following year.	on at or from places of business				
\$ <u>1,000,000.00</u>					
(c) Estimate, as a percentage , the proportion of the gross amount of business to be to or from places of business in Rhode Island during the following year compared to the composition be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) percentage</i> .	ross amount thereof which will				
%					
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 Comporation Type or Print Name of Authorized Office	er Date				
Monica Biszko	12/20/2016				
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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.

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

Date: January 13, 2017

To Whom It May Concern:

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

NEW ENGLAND SPECIALTY SERVICES, 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: 17010237010

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

Processed by: