

## **Certificate of Authority** FOREIGN Corporation

→ Filing Fee: \$310,00 minimu	),00 minimum	\$310.00	Fee:	Filing	$\rightarrow$
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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:				
CROCKER COI	MMUNICATIONS, INCORPOR	ATED		
2. It is incorporated under the laws of:				
	Massachusetts	· · · · · · · · · · · · · · · · · · ·		<del></del>
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:				
(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rhofiled with this application:			atement"	to be
			2811	
			£	
4. The date of its incorporation is:	3/1997		3	
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	IE BOX		= 5	
Date certain for dissolution			<i>ី.</i> វ	- 1
5. The address of its principal office is:				
	treet, Greenfield, M	A 01301		
6. The name and address of the initial registered ag	ent/office of in Rhode Island:			
Agent Name	· · · · · · · · · · · · · · · · · · ·			
	ai Corporate Research, Ltd.			
Street Address ( <u>NOT</u> a P.O. Box)	2 Jefferson Boulevard,			
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		
		FILE		<del></del>

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 26 2017

7. The purpose or purpo	oses which it p	roposes to pursue in	the transaction of	of business in Rhode Island are:	
		Telecon	nmunications	•	
8. (a) The names and re state or country of which	espective addre	esses of its directors	(optional, unless	directors are required under the laws of the	
NAME					
Matthew S. Crocker			26 Scotland Road, Hatfield, MA 01038		
James B. Cro	James B. Crocker 27		7 Hillcrest Drive, Bernardston, MA 01337		
		·		· · · · · · · · · · · · · · · · · · ·	
****				Check the box to indicate an attachment.	
8. (b) The names and re of the state or country or	espective addre f which it is inc	esses of its principal orporated):	officers (mandato	ory if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	Matthew S. Crocker			26 Scotland Road, Hatfield, MA 01038	
VICE PRESIDENT	James B. Crocker			Hillcrest Drive, Bernardston, MA 01337	
TREASURER	Matthew S. Crocker			26 Scotland Road, Hatfield, MA 01038	
SECRETARY	Matthew S. Crocker			26 Scotland Road, Hatfield, MA 01038	
				Check the box to indicate an attachment.	
9. The aggregate number par value, and series, if	er of shares wh any, within a cl	ich it has authority t ass, is:	o issue; itemized	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS	3	SERIES	PAR VALUE OR STATE NO PAR VALUE	
20,000	Comm	on		No par value	
	·				
<ol> <li>(a) Estimate, in doll owned by the corporation located:</li> </ol>				n dollars, the value of the corporation's property rithin Rhode Island during the following year:	
\$ 658,000		\$	<b></b>		
within this state during th	e following yea	ar bears to the value	of all property of	e property of the corporation to be located if the corporation to be owned during the 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.	(b) Estimate, in dollars, the gritransacted by the corporation Rhode Island during the follow	at or from places of business in		
\$ 3,200,000	\$ <u>8400</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. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.  O. 26				
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	d that is dated within 60 days o	f 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		
Matthew S. Crocker		1/23/2017		
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE				



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

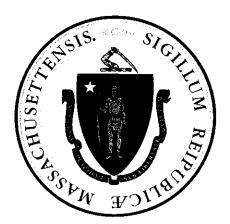
Date: January 24, 2017

To Whom It May Concern:

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

## CROCKER COMMUNICATIONS, INCORPORATED

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 Travin Galein

Certificate Number: 17010395590

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

Processed by:

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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

