Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

FEB 10

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APPLICATION FOR CERTIFICATE OF AUTHORITY

CO	rsuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersign rporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose following statement:	ned foreign ose submits					
1.	The name of the corporation is						
2.	It is incorporated under the laws ofMASSAChUSCETTS						
3.	The name, if different, which it elects to use in Rhode Island is:						
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:						
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporate and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be file application:	ooration will d with this					
4.	The date of its incorporation is JAN 2, 1997 and the period of its duration is INOCE.	~ _					
5.	The address of its principal office is 3 HOLLAND WAY SUITE 201 EYETT, NH 038.	<u>33</u>					
6.	The address of its proposed registered office in Rhode Island is 1865 Post 120HD (Street Address, not P.O. Box)	· · · · · · · · · · · · · · · · · · ·					
	(City/Town), RI 02886 and the name of its proposed registered agent in Rhode	e Island at					
	that address is						
	(Name of Agent)						
7.	he purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
	Provide CONDOMINIUM ASSOCIATION MANAGEMENT						

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or

Director

Director

Director

Director

Director

Director

Director

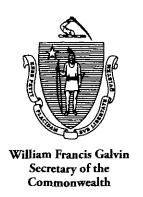
Form No. 150 Revised: 06/11

country of which it is incorporated).

<u>Name</u>

A.A. 2:11pm.

			<u>Name</u>		Address	
	President	Lou	GAAQIULO	3 HOLUMN	MAY SUICE 201	
	Vice President			- EXCICE	/ 2000	
	Treasurer					
	Secretary					
	-					
9.	The aggregate nu and series, if any			sue; itemized by classes, par	value of shares, shares without par value	
	Number of S	<u>hares</u>	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value	
	100		A		WITHOUT PAR VALUE	
						
10.	(a) \$ following yea	ar, wherever		of the value of all property	to be owned by the corporation for the	
	(b) \$ -0		= An estimate	of the value of the corporati	ion's property to be located within Rhode	
	Island during the following year.					
		on to be loca	ted within this state during th	e following year bears to the	that the estimated value of the property of value of all property of the corporation to by 100 to obtain the percentage)	
11.	(a) \$ 125, C	000	= An estimate	of the gross amount of busi	ness to be transacted by the corporation	
	during the fol					
	(b) \$ / 25,000 = An estimate of the gross amount of business to be transacted by the corporation a or from places of business in Rhode Island during the following year.					
	(c)	<u>5</u> % = An	estimate, expressed as a p	ercentage, of the proportion	that the gross amount of business to be	
	transacted by	the corpora will be trans	tion at or from places of bus	iness in this state during the	following year bears to the gross amounde (b) by (a) and multiply by 100 to obtain	
	This application is laws of which it is			standing issued by the prope	er officer of the state or country under the	
13.	This Application for	or Certificate	of Authority shall be effective	upon filing unless a specified	date is provided which shall be no later	
	than the 90th day	after the date	e of this filing			
		_	a a	pplication for Certificate of	clare and affirm that I have examined this Authority, including any accompanying atements contained herein are true and	
Date	= 2-8-	201	<u>'</u>			
				_	ized Officer of the Corporation	
			_	LOU GARD		
			_	Type or Print Nam	need Authorized Officer	



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

Date: February 09, 2017

To Whom It May Concern:

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

is a domestic corporation organized on January 02, 1997, 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.

Secretary of the Commonwealth

Certificate Number: 17020136190

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

Processed by: