

Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u> , the ur applies for a Certificate of Authority to transact busine for that purpose submits the following statement:	ndersigned foreign corporation hess in the State of Rhode Island	ereby and	
1. The name of the corporation is:	· · · · · · · · · · · · · · · · · · ·		
Inshore & Offshore Charters, Inc.			
2. It is incorporated under the laws of: New Jers	sey		
3. The name, if different, which it elects to use in Rh	ode Island is:		
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:			
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:	sland, then set forth below the fi de Island as stated in the "Fictit	ctitious name under which t ious Business Name Stater	nent" to be
4. The date of its incorporation is: April 3,1985			
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	E BOX		
Date certain for dissolution			
5. The address of its principal office is: 31 Indian Trail Saunderstown RI 02874			
6. The name and address of the initial registered ago	ent/office of in Rhode Island:		
Agent Name Eric Lundvall			
Street Address (<u>NOT</u> a P.O. Box) 31 Indian Trail			
City/Town Saunderstown	State RHODE ISLAND	Zip Code 02874	

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

FORM 140 - Revised: 08/2016

7. The purpose or purpo	oses which it propos	es to pursue in th	e transaction o	of business in Rhode Island are:	
To engage in the oper	ration of a commer	rcial fishing vess	el.		
To engage in the operation of a commercial fishing vessel.					
8. (a) The names and re	espective addresses	of its directors (o	ptional, unless	directors are required under the laws of the	,
state or country of which			·		
NAME				ADDRESS	
<u></u>	•	Check the box to indicate an attachment.			
8. (b) The names and re	espective addresses	of its principal off	ficers (mandato	ory if directors are not required under the lav	NS
of the state or country o	f which it is incorpor	rated):			
OFFICE	NAME		ADDRESS		
PRESIDENT	Eric Lundvall		31 Indian Trail Saunderstown, RI 02874		
				,	
VICE PRESIDENT					
TDEACHDED					
TREASURER					
SECRETARY	-		 		
5-5 1,-1,-1,-1			<u> </u>		
				Check the box to indicate an attachment	
			ssue; itemized	by classes, par value of shares, shares with	nout
par value, and series, if	any, within a class,	is:			
NUMBER OF SHARES	CLASS	CLASS		PAR VALUE OR STATE NO PAR VALUE	:
2,500		Common	ı Stock	No Par Value	
					•
					-
					•
					-
10. (a) Estimate, in dol	llars, the value of all	property to be	(b) Estimate, in	n dollars, the value of the corporation's prop	erty
owned by the corporation	on for the following y			within Rhode Island during the following year	
Incated:		" 3 :	24,205		
\$ 324,205			Ф <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	r located. Note: Divi	de (10b) by (10a)	and multiply by	y 100 to obtain the percentage.	
100					
%					

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 gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.			
\$	\$ <u>400,000</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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>				
100%				
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			
Eric Lundvall	2/14/17			
Signature of Authorized Officer of the Corporation				
/ Enic Jund Vall SIGN DOCK	IMENT HERE			

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

INSHORE & OFFSHORE CHARTERS INC. 0100256263

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 03, 1985.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ERIC LUNDVALL 345 CRESCENT AVENUE WYCKOFF, NJ 07481

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on February 10, 2017.

PRESIDENT

ERIC L LUNDVALL

31 Indian Trail

Saunderstown, RI 02874



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of February, 2017

Sol mille

Ford M. Scudder Acting State Treasurer

Certificate Number: 6077610010

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp