RI SOS Filing Number: 201739111270 Date: 3/29/2017 10:46:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEP TOF STATE BUS SVCS DIV

Certificate of Authority

FOREIGN Corporation

-> Filing 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:			
Glenn Associates, Inc.			
2. It is incorporated under the laws of: MA			
3. The name, if different, which it elects to use in R	thode Island is: Clenn Asc	eciates of MA. Inc	
(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:	of incorporation does not contain.	the word "corporation" "cor	mnany ⁱⁱ
(b) If the corporate name is not available in Rhode corporation will qualify and transact business in Rhofiled with this application:	Island, then set forth below the fi ode Island as stated in the "Fictit	ictitious name under which t ilious Business Name Staten	he nent" to be
4. The date of its incorporation is: 9/1/1972		2017	=1
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	IE BOX	T MAR	E
Date certain for dissolution			SSY
5. The address of its principal office is:			Walter Company
155 West St, Suite 10, Wilmington, MA 01887		AM 10:	DIALS DIALS
6. The name and address of the initial registered ag	ent/office of in Rhode Island:	6	
Agent Name InCorp Services, Inc.			
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Blv	/d, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	

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

MAR 29 2017 099553

FORM 150 - Revised: 08/2016

7. The purpose or purp	oses which it p	roposes to pursue in th	ne transaction of bus	siness in Rhode Island are:	
Collection of Debts					
8. (a) The names and r	espective addr	esses of its directors (c	optional, unless direc	ctors are required under the laws of the	
state or country of whic	h it is incorpora	ated):			
NAME			ADDRESS		
Edwin H. Misiph 59		59 Bittersweet Ln, Randolph, MA 02368			
				neck the box to indicate an attachment.	
of the state or country of	espective address of which it is inc	esses of its principal of corporated):	ficers (mandatory if	directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	Edwin H. Misiph		59 Bittersweet Ln, Randolph, MA 02368		
VICE PRESIDENT					
TREASURER	Edwin H. Misiph		59 Bittersweet Ln, Randolph, MA 02368		
SECRETARY	Edwin H. Misiph		59 Bittersweet Ln, Randolph, MA 02368		
	<u></u>		Cr	neck the box to indicate an attachment.	
The aggregate number par value, and series, if			ssue; itemized by cla	asses, par value of shares, shares without	
NUMBER OF SHARES	CLAS	s	SERIES	PAR VALUE OR STATE NO PAR VALUE	
1000	CNP			0.00	
	·····				
			,		
10. (a) Estimate, in doll			(b) Estimate, in dolla	ars, the value of the corporation's property	
owned by the corporation located:	n for the follow	ing year, wherever t	o be located within l	Rhode Island during the following year:	
\$ 39,434		\$ <u></u>			
(-) F -4:	4				
within this state during th	ne following yea	ar bears to the value of	fall property of the o	perty of the corporation to be located corporation to be owned during the 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.		ross amount of business to be at or from places of business in wing year.			
\$	\$ <u>11,000</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>					
1%					
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			
Glenn A. Misiph		3/20/2017			
Signature of Authorized Officer of the Corporation SIGN DOCL	JMENT HERE				



The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

Date: March 01, 2017

To Whom It May Concern:

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

GLENN ASSOCIATES, INC.

is a domestic corporation organized on September 01, 1972, 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.

 $\mathbb{A}_{\mathcal{U}}$

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: 17030027660

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

Processed by:

RI SOS Filing Number: 201739111270 Date: 3/29/2017 10:46:00 AM



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:

March 29, 2017 10:46 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

