



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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: SEACOAST SCAFFOLD AND EQUIPMENT CORP. OF NEW HAMPSHIRE		
2. It is incorporated under the laws of: New Hampshire		
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 corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 12/28/2000 And the period of its duration is: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 243 SHEEP DAVIS RD, CONCORD, NH 03301		
6. The name and address of the initial registered agent/office of in Rhode Island: Agent Name Registered Agents Inc. Street Address (NOT a P.O. Box) One Richmond Square, STE 125B		
City/Town Providence	State RHODE ISLAND	Zip Code 02906

MAIL TO:
Division of Business Services
149 W. River Street, Providence, RI 02904-0001
Phone: (401) 222-3040
Website: www.sos.ri.gov

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

SCAFFOLDING RENTAL, ERECTION AND DISMANTLE SERVICE

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
WILLIAM C. THOMAS	243 SHEEP DAVIS RD, CONCORD, NH 03301
BECKI L. THOMAS	243 SHEEP DAVIS RD, CONCORD, NH 03301

Check the box to indicate an attachment. ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	WILLIAM C. THOMAS	243 SHEEP DAVIS RD, CONCORD, NH 03301
VICE PRESIDENT		
TREASURER	BECKI L. THOMAS	243 SHEEP DAVIS RD, CONCORD, NH 03301
SECRETARY	ZACKERY R. THOMAS	243 SHEEP DAVIS RD, CONCORD, NH 03301

Check the box to indicate an attachment. ☒

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	Common	None	No Par Value

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:


\$ **1,600,000**

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

\$ **25000**

(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*

1.6

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year. <div style="text-align: center;">\$ <u>3,000,000</u></div>	(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. <div style="text-align: center;">\$ <u>25,000</u></div>
(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> <div style="text-align: center;"><u>.01</u> %</div>	
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	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____	
<i>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.</i>	
Type or Print Name of Authorized Officer ZACKERY R. THOMAS	Date 04/18/2017
Signature of Authorized Officer of the Corporation <div style="text-align: center;">  </div>	

Addendum to Application for Certificate of Authority (RI)

SEACOAST SCAFFOLD AND EQUIPMENT CORP. OF NEW HAMPSHIRE

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated), continued:

JAMES F. RAYMOND, Assistant Secretary, 243 SHEEP DAVIS RD, CONCORD, NH 03301

State of New Hampshire

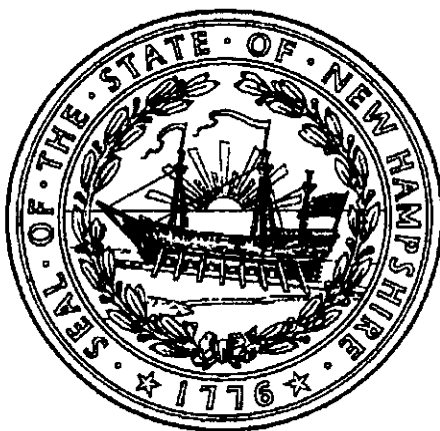
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SEACOAST SCAFFOLD AND EQUIPMENT CORP. OF NEW HAMPSHIRE is a New Hampshire Profit Corporation registered to transact business in New Hampshire on December 28, 2000. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 366219

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IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of April A.D. 2017.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State