

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

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

2017	<u> </u>
APR 24	
PH 12: 48	STATE

Application for Certificate of Authority Foreign Business Corporation

Filing and License 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:					
The Melior Group, Inc.					
2. It is incorporated under the laws of:	Pennsylvania				
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:	1982 11/15/1982				
And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
1528 Walnut Street, Suite 1414, Philadelpha, PA 19012					

FILED

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A. A. 12:48pm

Form No. 150 Revised: 2016

6. The name and addr	ress of the initial registere	ed agent/office	of in Rhode Island:	, .	
Agent Name	p Services Inc.				
Street Address (NOT a	a P.O. Box) 222 Jeffe	erson Blvd.,	#200		
City/Town Warwick		State RH	ODE ISLAND	Zip Code 02888	
7. The purpose or purp	poses which it proposes	to pursue in the	e transaction of bus	siness in Rhode Island are:	
Marketing Resea		յ, pubic opii	nion polls, focu	s groups, other qualitative	
8. (a) The names and state or country of which	respective addresses of ch it is incorporated):	its directors (o	ptional, unless direc	ctors are required under the laws of the	
NAME			ADDR	ESS	
N/A					
			······································		
			Check	k the box to indicate an attachment.	
8. (b) The names and r laws of the state or cou	respective addresses of i	its principal offi orated):		directors are not required under the	
OFFICE	NAME			ADDRESS	
PRESIDENT	Linda J. McAleer		518 Murdoch I	Road, Philadelphia, PA 19119	
VICE PRESIDENT	Maitlon T. Russel		518 Murdoch Road, Philadelphia, PA 19119		
TREASURER					
SECRETARY					
			Check	the box to indicate an attachment.	
9. The aggregate numb without par value, and	per of shares which it has series, if any, within a cla	s authority to is		asses, par value of shares, shares	
NUMBER OF SHARES	CLASS	SEF	RIES	PAR VALUE OR STATE NO PAR VALUE	
1000	Common			Par Value	
			·		

Form No. 150 Revised: 2016

10. (a) Estimate, in dollars, the value of all prope located:	rty to be owned by the corporation for the follower	lowing year, wherever		
\$ <u>0</u>				
(b) Estimate, in dollars, the value of the corporation year:	n's property to be located within Rhode Islan	d during the following		
\$_ ⁰				
(c) Estimate, as a percentage, the proportion that within this state during the following year bears to following year, wherever located. Note: Divide (10	the value of all property of the corporation to	be owned during the		
0 %				
11. (a) Estimate, in dollars, the gross amount of bu	siness to be transacted by the corporation du	ring the following year.		
\$ <u>1,129,945</u>				
(b) Estimate, in dollars, the gross amount of busin in Rhode Island during the following year.	ess to be transacted by the corporation at or	from places of business		
\$ <u></u>				
(c) Estimate, as a percentage , the proportion of the or from places of business in Rhode Island during be transacted by the corporation during the following percentage.	the following year compared to the gross am	nount thereof which will		
%				
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 e	ffective: CHECK ONLY ONE BOX			
Date received (Upon filing)				
Later effective date (Date must be no more th	an 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.				
Signature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer	Date		
WIND NECESSE	Linda J. McAleer	4/20/2017		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

04/17/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

THE MELIOR GROUP, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170417141544-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx