R.I. LEFF DE STATI

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:				
O&R Construction, Inc.				
2. It is incorporated under the laws of: Massacl	husetts			
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:				
N/A				
(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:				
N/A				
4. The date of its incorporation is:				
And the period of its duration is: CHECK ONLY ON	NE BOX			
Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
64 Cottage Street, Central Falls RI 02863				
6. The name and address of the initial registered agent/office of in Rhode Island:				
Agent Name Otto R. Ochoa				
Street Address (NOT a P.O. Box) 64 Cottage Street				
City/Town Central Falls	State RHODE ISLAND	Zip Code 02863		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

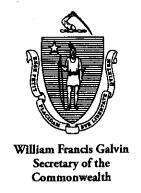
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Residential/Commercial Construction					
8 (a) The names and re	espective addre	esses of its directors (ontional unless direc	tors are required under the laws of the	
state or country of which			optional, armoos and		
NAME		ADD	RESS		
N/A	/A				
				eck the box to indicate an attachment.	
8. (b) The names and re			fficers (mandatory if	directors are not required under the laws	
OFFICE	T	NAME		ADDRESS	
PRESIDENT	Otto R. Ocho	a	64 Cottage Stree	t, Central Falls RI 02863	
VICE PRESIDENT	Otto R. Ocho	a	64 Cottage Stree	t, Central Falls RI 02863	
TREASURER	Otto R. Ochoa		64 Cottage Street, Central Falls RI 02863		
SECRETARY	SECRETARY Otto R. Ochoa		64 Cottage Street, Central Falls RI 02863		
	1		Cł	neck the box to indicate an attachment.	
9. The aggregate numb- par value, and series, if			issue; itemized by cl	asses, par value of shares, shares without	
NUMBER OF SHARES	CLAS	6	SERIES	PAR VALUE OR STATE NO PAR VALUE	
1,000	Common			No par value	
				<u> </u>	
10. (a) Estimate, in dollars, the value of all property to be (b) Estimate, in dollars, the value of the corporation's property					
owned by the corporation				Rhode Island during the following year:	
located:			\$ 0	·	
within this state during the	he following ye	ar bears to the value	of all property of the	perty of the corporation to be located corporation to be owned during the to obtain the percentage.	

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>495,000.00</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. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.				
6.00				
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			
Otto R. Ochoa	. 04/21/2017			
Signature of Authorized Officer of the Corporation				
X Pla Romas SIGN DOCK	JMENT HERE			



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

Date: April 25, 2017

To Whom It May Concern:

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

O&R CONSTRUCTION, INC.

AND HAY -1 AM II: 4

is a domestic corporation organized on **January 01, 2016**, 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

William Travin Galetin

Certificate Number: 17040443070

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

Processed by: