



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

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:

RECEIVED
 R.I. DEPT. OF STATE
 BUSINESS DIV.
 2017 MAY 15 AM 11:22

1. The name of the corporation is:

BAY RAIL CRANE SERVICES CORP.

2. It is incorporated under the laws of:

NEW YORK

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: **FEBRUARY 21, 1985**

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:

11-02 43RD AVENUE, LONG ISLAND CITY, NEW YORK 11101

6. The name and address of the initial registered agent/office of in Rhode Island:

Agent Name **UNITED STATES CORPORATION AGENTS, INC.**

Street Address (NOT a P.O. Box) **2220 JEFFERSON BLVD, 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

MAY 15 2017

BY 303613
 11:22

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

CONSTRUCTION SERVICE AND LABOR

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

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	KENNETH BERNARDO	200 EAST 61ST STREET, NEW YORK, NY 10065
VICE PRESIDENT		
TREASURER		
SECRETARY		

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
1,000	COMMON		NONE

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

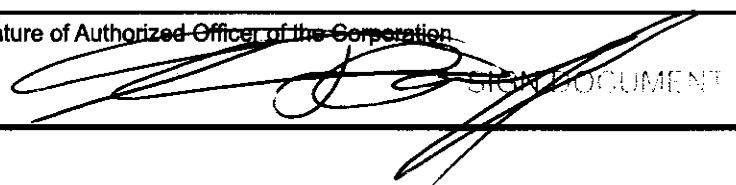
\$ - 0 -

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

\$ -0-

(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.*

-0- %

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year. \$ <u>500,000</u>	(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>25,000</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> 5 %	
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) _____	
<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 STUART DOLOBOFF, CPA, CHIEF FINANCIAL OFFICER	Date MAY 9, 2017
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE	

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BAY RAIL CRANE SERVICES CORP. was filed on 02/21/1985, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of May two
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", with a long horizontal flourish extending to the right.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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:

May 15, 2017 11:22 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

