RI SOS Filing Number: 201743319840 Date: 5/18/2017 12:39:00 PM



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		
1. The name of the corporation is:		
Enfield Enterprises Inc.		
2. It is incorporated under the laws of: Cont	necticut	
3. The name, if different, which it elects to use it	n Rhode Island is:	
(a) If the name of the corporation in its jurisdiction in corporated, or "limited," or an abbreviation it above corporate endings for use in Rhode Island	ereof, then list the name of the co	in the word "corporation", "company", rporation with the addition of one of the
(b) If the corporate name is not available in Rho corporation will qualify and transact business in filed with this application:	de Island, then set forth below the Rhode Island as stated in the "Fic	fictitious name under which the titious Business Name Statement" to be
4. The date of its incorporation is: 7/1/1996	В	
And the period of its duration is: CHECK ONLY Perpetual (on-going)	ONE BOX	
Date certain for dissolution		
5. The address of its principal office is:	· · · · · · · · · · · · · · · · · · ·	
30 Magaziner PI Springfield, MA 01104		
6. The name and address of the initial registered	agent/office of in Rhode Island:	
Agent Name Corporation Service Company		
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson	Boulevard, 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 18 2017 12:39

BY UN 303983

0 (a) The					
state or country of which	respective address the it is incorpora	esses of its directors ated):	(optional, unless d	directors are required under the laws of the	
NAME		ADDRESS			
Daniel Eastman 40 Hall		40 Hallie Ln Some	Hallie Ln Somers, CT 06071		
				Check the box to indicate an attachment.	
of the state or country of	espective address of which it is inc	orporated):	officers (mandator)	y if directors are not required under the laws	
OFFICE		NAME ADDRESS		ADDRESS	
PRESIDENT	Daniel Eastman		40 Hallie Ln Somers, CT 06071		
VICE PRESIDENT					
TREASURER					
SECRETARY					
	<u> </u>			Check the box to indicate an attachment.	
9. The aggregate numb par value, and series, if	er of shares wh any, within a cl	ich it has authority to ass, is:	issue; itemized by	y classes, par value of shares, shares withou	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
1000	Common			\$1.00	
***			<u></u>		
					
	lars, the value o	of all property to be	(b) Estimate, in d	ollars, the value of the corporation's property	
10. (a) Estimate, in dol				hin Rhode Island during the following year:	
owned by the corporation	it for the longer,	s_4,000,000			
10. (a) Estimate, in dolowned by the corporation located:			\$ <u>-0-</u>		

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.			
\$	\$_500,000				
(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.					
<u>3.125</u> %					
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: Cl	HECK 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			
Daniel Eastman, President		May 17, 2017			
Signature of Authorized Officer of the Corporation					
SIGN DOCL	JMENT HERE				

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

ENFIELD ENTERPRISES, INC.

a domestic STOCK corporation, was filed in this office on July 01, 1998, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Denis Whenk

Date Issued: May 17, 2017

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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 18, 2017 12:39 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

