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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 <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:		
Homer Contracting Inc		
2. It is incorporated under the laws of: MA		······································
3. The name, if different, which it elects to use in R	hode Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	of incorporation does not contain of, then list the name of the cor	n the word "corporation", "company", poration with the addition of one of the
(b) If the corporate name is not available in Rhode corporation will qualify and transact business in Rh filed with this application:	Island, then set forth below the sode Island as stated in the "Ficti	fictitious name under which the tious Business Name Statement" to be
Homer Construction Inc		
4. The date of its incorporation is: 11/25/1992		
And the period of its duration is: CHECK ONLY ON	IE BOX	
Date certain for dissolution		
5. The address of its principal office is:		
195 Broadway Arlington, MA 02474		
6. The name and address of the initial registered ag	ent/office of in Rhode Island:	· · · · · · · · · · · · · · · · · · ·
Agent Name Parasearch Inc		
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Bly	vd., ste 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
IAIL TO:		FILED
Division of Business Services 49 W. River Street, Providencia, Thoda Island 02604 2011	4	JUN 0 6 2017
'hone: (401) 222-3040 Vebsite: www.sos.ri.gov		BY Cu 305329
		BY UL NSSOI

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Construction						
8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the						
state or country of whic	h it is incorporate	ted):	(upuunai, uness u			
NAME			A	DDRESS		
Stefanos Bouboulis 131 Johnson Rd V		/inchester, MA 01	890			
			<u> </u>			
				Check the box to indicate an attachment.		
8. (b) The names and re of the state or country o	espective addres of which it is inco	sses of its principal o prporated):	officers (mandatory	if directors are not required under the laws		
OFFICE		NAME		ADDRESS		
PRESIDENT	Ekaterini Bouboulis		4 Fox Meadow Lane Arlington, MA			
VICE PRESIDENT	Stefanos Bouboulis		131 Johnson Rd Winchester, MA			
TREASURER	Despina Bouboulis		131 Johnson I	131 Johnson Rd Winchester, MA		
SECRETARY	Ekaterini Bou	Ekaterini Bouboulis		4 Fox Meadow Lane Arlington, MA		
				Check the box to indicate an attachment.		
9. The aggregate number par value, and series, if	er of shares whi any, within a cla	ch it has authority to ass, is:	issue; itemized by	r classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
200	CNP			\$0.00		
	<u></u>					
10. (a) Estimate, in doll owned by the corporatio				ollars, the value of the corporation's property in Rhode Island during the following year:		
located: <u> <u> </u> </u>			\$_0.00			
· · · · · · · · · · · · · · · · · · ·						
within this state during th following year, wherever	he following yea	r bears to the value of	of all property of th	roperty of the corporation to be located the corporation to be owned during the 00 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.	(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.				
_{\$} 10,000,000.00	s 250,000.00				
*	Ψ				
(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> .					
2.5 %					
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: C					
✓ 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				
Stefanos Bouboulis	6/5/17				
Signature of Authorized Officer of the Corporation					



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

William Francis Galvin Secretary of the Commonwealth

Date: May 31, 2017

To Whom It May Concern :

I hereby certify that according to the records of this office, HOMER CONTRACTING, INC.

is a domestic corporation organized on **November 25, 1992**, 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.

Villian Tranino Galecin

Secretary of the Commonwealth

Certificate Number: 17060018580 Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx Processed by:



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:

June 06, 2017 01:14 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

