

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:

R.I. DEPT. OF STATE BUS SYCS DIV

that purpose submits the following statement.					
The name of the corporation is:					
Scoreboard Enterprises Inc					
2. It is incorporated under the laws of: Massachusetts					
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: 01/03/1977					
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:					
274 Fruit St Mansfield, MA 02048					
6. The name and address of the initial registered agent/office of in Rhode Island:					
Agent Name Mark Hurley					
Street Address (NOT a P.O. Box) 50 Townsend St					
City/Town Barrington	State RHODE ISLAND	Zip Code 02806			

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 11:34

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7. The purpose or purp	oses which it p	roposes to pursue in	the transaction of l	ousiness in Rhode Island are:	
Scoreboard Repair an	d Installation				
			(optional, unless d	irectors are required under the laws of the	
state or country of which	th it is incorpora	ated): T	^	DDRESS	
-					
John C Hurley		5 Sweetmeadow Dr South Easton, MA 02375			
:					
		<u> </u>	1.10-203-1	Check the box to indicate an attachment.	
8. (b) The names and re of the state or country of			officers (mandatory	if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	John C Hurley		5 Sweet Meadow Dr South Easton, MA 02375		
VICE PRESIDENT	John C Hurley		5 Sweet Meadow Dr South Easton, MA 02375		
TREASURER	John C Hurley		5 Sweet Meadow Dr South Easton, MA 02375		
SECRETARY	John C Hurley		5 Sweet Mead	5 Sweet Meadow Dr South Easton, MA 02375	
				Check the box to indicate an attachment.	
9. The aggregate numb par value, and series, if			issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
10,000	Common			None	
	_				
					
			V 11 - 11-1		
10. (a) Estimate, in dol				ollars, the value of the corporation's property	
owned by the corporation located:	n for the follow	ing year, wherever		nin Rhode Island during the following year:	
\$_300,000	· · · · · · · · · · · · · · · · · · ·		\$ <u> </u>		
within this state during ti	he following ye	ar bears to the value	of all property of th	property of the corporation to be located ne 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.
\$_5,000,000	\$_400,000
(c) Estimate, as a percentage, the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. Note percentage. 8	mount of business to be transacted by the corporation at or year compared to the gross amount thereof which will be : Divide (11b) by (11a) and multiply by 100 to obtain the
the state of the s	Good Standing/Letter of Status issued by the proper officer of that is dated within 60 days of the filing of this document.
13. Date when the Certificate of Authority will be effective: CI Date received (Upon filing)	IECK ONLY ONE BOX
Later effective date (Date must be no more than 90 days	
The state of the s	nined this Application for Certificate of Authority, including any dherein are true and correct.
Type or Print Name of Authorized Officer	Date
John C Hurley	4/2/17
Signature of Authorized Officer of the Corporation	
flul kuley	



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

Date: June 01, 2017

To Whom It May Concern:

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

SCOREBOARD ENTERPRISES INC.

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

Certificate Number: 17060023050

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

Processed by: