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:

Tri-Wire Engineering Solutions, 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:

Tri-Wire Solutions, Inc.

(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: September 23, 1999

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:

890 East St., Tewksbury, MA 01876

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

Agent Name Business Filings Incorporated

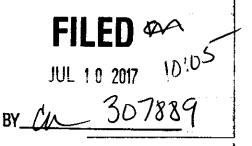
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

City/Town East Providence

RHODE ISLAND

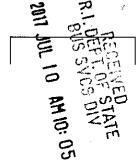
State

MAIL TO: Division of Business Services 148 W River Street. Providence Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 150 - Revised: 08/2016

Zip Code 02914



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

Communications Installation

A () T					
 (a) The names and r state or country of which 			optional, unless dire	ectors are required under the laws of the	
NAME		ADDRESS			
John R. Wade III		890 East St., Tewksbury, MA 01876			
				ه د اینې	
		. <u> </u>	C	Check the box to indicate an attachment.	
8. (b) The names and root of the state or country of				f directors are not required under the laws	
OFFICE	NAME			ADDRESS	
PRESIDENT	John R. Wade III		890 East St., Tewksbury, MA 01876		
VICE PRESIDENT	John R. Wade III		890 East St., Tewksbury, MA 01876		
TREASURER	John R. Wade III		890 East St., Tewksbury, MA 01876		
SECRETARY	John R. Wade III		890 East St., Tewksbury, MA 01876		
			(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	
820,000	CNP				
	· · · · · · · · · · · · · · · · · · ·		·	· · · · · · · · · · · · · · · · · · ·	
·····	·				
10. (a) Estimate, in do owned by the corporatio				llars, the value of the corporation's propert n Rhode Island during the following year:	
located: \$ 12,000,000			_{\$} 400,0	000	
		·····	· · · · ·		
within this state during t	the following ye	ar bears to the value	of all property of the	operty of the corporation to be located e corporation to be owned during the 10 to obtain the percentage.	
33			јана тапару ву ТС	o to obtain the percentage.	
3.3 %					
				FORM 150 - Revised 08/20	
				and the second sec	

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.				
\$ 79,000,000.	\$ 2,500,000.				
	*				
(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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage</i> .					
3.1 %					
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				
John R Wade III	6/14/2017				
Signature of Authorized Officer of the Corporation					
SIGN DOCUMENT HERE					

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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- Same



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

William Francis Galvin Secretary of the Commonwealth

Date: June 13, 2017

To Whom It May Concern :

I hereby certify that according to the records of this office, TRI-WIRE ENGINEERING SOLUTIONS, INC.

is a domestic corporation organized on **September 23, 1999**, 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.

illian Traning Galicin

AM 10: 05

Secretary of the Commonwealth

Certificate Number: 17060267690 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:

July 10, 2017 10:05 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

