

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF SI BUS SVCS DI 2017 JUL 20 AMI

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:

for that purpose submits the following statement.						
The name of the corporation is:	•					
INFO QUICK SOLUTIONS, INC.						
2. It is incorporated under the laws of: NEW	YORK					
3. The name, if different, which it elects to use in Rh	node 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: March 29, 1999						
And the period of its duration is: CHECK ONLY ON	E BOX					
Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is:						
7460 Morgan Rd, Liverpool, NY 13090						
6. The name and address of the initial registered agent/office of in Rhode Island:						
Agent Name Northwest Registered Agent, LLC.						
Street Address (NOT a P.O. Box) One Richmond Square STE 125B						
City/Town Providence	State RHODE ISLAND	Zip Code 02906				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 1St - Revised | 08/2016

7. The purpose or purpo	oses which it p	roposes to pursue in th	ne transaction	of business in Rhode	e Island ar	e:
	_	_				•
Softwa	re S	ervices	S			
8. (a) The names and re	espective addr	esses of its directors (r	entional unless	e directors are requir	red under	the laws of the
state or country of which			puonal, unicae	S Ullectors are requi	eu unuei	ille idws Oi uie
NAME		ADDRESS				
Bernard Owens 7460 Morg		an Rd,	Liverpool,	NY	13090	
Christine Lohr 7460 Mor		7460 Morg	an Rd,	Liverpool,	NY	13090
	:					
Check the box to indicate an attachment.						
8. (b) The names and re of the state or country or			ficers (mandat	ory if directors are n	ot required	i under the laws
OFFICE	NAME			ADDRESS		
PRESIDENT	Bernard Owens		7460 Mo	7460 Morgan Rd, Liverpool, NY 13090		
VICE PRESIDENT						
TREASURER	Bernard Owens		7460 Morgan Rd, Liverpool, NY 13090			
SECRETARY	Christir	ne Lohr	7460 Mo	rgan Rd, Liver	pool, N	Y 13090
				Check the box to		
 The aggregate number par value, and series, if 			ssue; itemized	by classes, par valu	ue of share	es, shares without
NUMBER OF SHARES	CLASS		SERIES	PAR VALU	E OR STATE	NO PAR VALUE
200	Commoi	n		No Par	Value	
,						
		WP-W				
10. (a) Estimate, in doll				n dollars, the value o		
owned by the corporation for the following year, wherever located: to be located within Rhode Island during the following year:						
\$ 0			\$_	٥		
(c) Estimate, as a perce	entage, the pro	portion that the estima	ted value of th	e property of the co	rporation to	o he located
within this state during the following year, wherever	he following yea	ar bears to the value of	f all property o	f the corporation to I	be owned	during the
%						



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.				
\$ 24,000	\$ <u> </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> .					
%					
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				
Bernard Owens	7-14-17				
Signature of Authorized Officer of the Corporation					

State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of INFO QUICK SOLUTIONS, INC. was filed on 03/29/1999, 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.

The Biennial Statement is past due.



Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of July two thousand and seventeen.

and the second

Brendan W. Fitzgerald Executive Deputy Secretary of State

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