RI SOS Filing Number: 201747636150 Date: 7/25/2017 3:40:00 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 <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 SVCS DIV

for that purpose submits the following statement:						
1. The name of the corporation is:						
AM CONSTRUCTION, INC.						
It is incorporated under the laws of: MASSAC	t 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: 09/05/2013						
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:						
1166 S MAIN ST. APT. 1 - FALL RIVER, MA 02724						
6. The name and address of the initial registered agent/office of in Rhode Island:						
Agent Name GEOVANI F. MORAIS						
Street Address (NOT a P.O. Box) 26 COBB ST						
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02914				

MAIL TO:

Division of Business Services

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

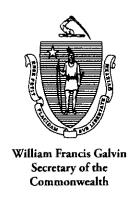
Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 3:40

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BY M 308707

7. The purpose or purpose CONSTRUCTION	oses which it pr	roposes to pursue in	the transaction of	f business in Rhode Island are:	
8. (a) The names and re state or country of whic	espective addre	esses of its directors ((optional, unless o	directors are required under the laws of the	
NAME			/	ADDRESS	
GIOVANE F. MORAIS		1166 S MAIN ST. A	1166 S MAIN ST. APT. 1 - FALL RIVER, MA 02724		
			<u></u>		
				Check the box to indicate an attachment.	
of the state or country o	espective addre	corporated):	officers (mandator	ry if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	GIOVANE F. I	MORAIS	1166 S MAIN	ST. APT. 1 - FALL RIVER, MA 02724	
VICE PRESIDENT	GIOVANE F. I	MORAIS	1166 S MAIN	ST. APT. 1 - FALL RIVER, MA 02724	
TREASURER	GIOVANE F. I	MORAIS	1166 S MAIN	ST. APT. 1 - FALL RIVER, MA 02724	
SECRETARY	GIOVANE F. I	MORAIS	1166 S MAIN	ST. APT. 1 - FALL RIVER, MA 02724	
				Check the box to indicate an attachment.	
par value, and series, if	er of shares wh any, within a cl	ich it has authority to ass, is:	issue; itemized b	by classes, par value of shares, shares without	
NUMBER OF SHARES 2	CLASS CWP	3	SERIES	PAR VALUE OR STATE NO PAR VALUE 100.00	
10 (1) Estimate in del	" " " " " " " " " " " " " " " " " " "	- " - 4-4-1	•		
(a) Estimate, in doll owned by the corporation			(b) Estimate, in to be located wif	dollars, the value of the corporation's property thin Rhode Island during the following year:	
located: \$_15,000.00				\$_0.00	
within this state during th	the following yea	ar bears to the value o	of all property of the	property of the corporation to be located the corporation to be owned during the 100 to obtain the percentage.	

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.				
\$	\$				
(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> .					
<u>21.82</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: 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			
GIOVANE F. MORAIS		07/25/2017			
Signature of Authorized Officer of the Corporation SIGN DOCL GRANN TUNIOR OF	JMENT HERE				



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

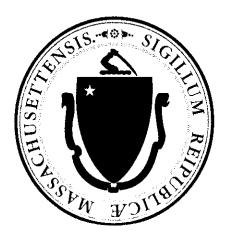
Date: July 24, 2017

To Whom It May Concern:

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

AM CONSTRUCTION INC

is a domestic corporation organized on **September 05, 2013**, 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.

Secretary of the Commonwealth

Villian Travino Galecin

Certificate Number: 17070375040

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

Processed by:

RI SOS Filing Number: 201747636150 Date: 7/25/2017 3:40:00 PM



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 25, 2017 03:40 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

