## **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.1. DEP SV 2017 AUG 25

for that purpose submits the following statement:		<b>0</b> €10=0				
The name of the corporation is:		1 "1 1				
Elite Metalworks, Inc.		STATE STATE				
It is incorporated under the laws of:     Massacl	husetts	Ģ				
3. The name, if different, which it elects to use in RI	node 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 corp	the word "corporation", "company", oration with the addition of one of the				
(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: 05/07/2013						
And the period of its duration is: CHECK ONLY ON  Perpetual (on-going)	IE BOX					
Date certain for dissolution						
5. The address of its principal office is:						
391 Swanee Drive, North Dighton, MA 02764						
6. The name and address of the initial registered ag	ent/office of in Rhode Island:					
Agent Name Travis J. DeCosta, Esq.						
Street Address (NOT a P.O. Box) 692 Warren Avenue East						
City/Town Providence	State RHODE ISLAND	Zip Code <b>02914</b>				

MAIL TO:

**Division of Business Services** 

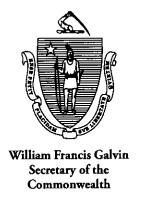
148 W. River Street, Providence, Rhode Island 02904-261F

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

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Sheet metal for HVAC	/mechanical sy	rstems.				
8. (a) The names and restate or country of which			(optional, unless di	irectors are required under the laws of the		
NAME			Al	DDRESS		
				Check the box to indicate an attachment.		
8. (b) The names and re of the state or country or				if directors are not required under the laws		
OFFICE		NAME		ADDRESS		
PRESIDENT	Bertrand Rem	ny Jr.	391 Swanee D	391 Swanee Drive, North Dighton, MA 02764		
VICE PRESIDENT	Diane Remy		391 Swanee D	391 Swanee Drive, North Dighton, MA 02764		
TREASURER	Diane Remy		391 Swanee D	391 Swanee Drive, North Dighton, MA 02764		
SECRETARY	Diane Remy		391 Swanee D	391 Swanee Drive, North Dighton, MA 02764		
				Check the box to indicate an attachment.		
<ol><li>The aggregate number par value, and series, if</li></ol>			issue; itemized by	classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
200,000	CNP			0.00		
10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:			ollars, the value of the corporation's property nin Rhode Island during the following year:			
\$	15,000	.00	\$ <u>0.00</u>	<b>)</b>		
within this state during th	he following yea	r bears to the value	of all property of th	property of the corporation to be located the corporation to be owned during the 00 to obtain the percentage.		

	ars, the gross amount of business to prporation 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.			
\$	100,000.00	\$	75,000.00		
from places of business	<b>entage</b> , the proportion of the gross as in Rhode Island during the following bration during the following year. <i>Note</i>	g year compared to the gross as	mount thereof which will be		
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 Certi	tificate of Authority will be effective: CI	HECK ONLY ONE BOX			
✓ Date received (Upo	on 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 Auth	horized Officer		Date		
Bertrand Remy Jr.			8/23/17		
Signature of Authorized Of	•				
Bet Il By	5 M				



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

August 24, 2017

## TO WHOM IT MAY CONCERN:

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

## ELITE METALWORKS, INC.

is a domestic corporation organized on **May 7, 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.



Processed By: IKochman

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galetin