RI SOS Filing Number: 201748932080 Date: 8/30/2017 12:14:00 PM



State of Rhode Island and Providence Plantations Department of State - Business Services Division

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

R.I. DEPT, OF STATE.
BUS SVCS DIV

Application for Certificate of Authority Foreign Business Corporation

Filing and License 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:	
Execuspace Construction Corporation	
2. It is incorporated under the laws of:	Massachusetts
3. The name, if different, which it elects to use in Rhod	e Island is:
	corporation does not contain the word "corporation", "company", then list the name of the corporation with the addition of one of
	and, then set forth below the fictitious name under which the Island as stated in the "Fictitious Business Name Statement" to
4. The date of its incorporation is:	January 24, 1990
And the period of its duration is: CHECK ONLY ONE E Perpetual (on-going)	вох
Date certain for dissolution	
5. The address of its principal office is:	
140 Garfield Avenue, Woburn, MA 01801	

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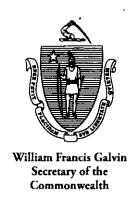
Form No. 150 Revised: 2016

6. The name and addr	ess of the initial	registered agent/of	fice of in Rhode Island	! :	
Agent Name ParaS	earch, Inc.				
Street Address (NOT a	P.O. Box) 222	2 Jefferson Blv	d., ste 200		
City/Town Warwick		State F	RHODE ISLAND	Zip Code 02888	
7. The purpose or purp	poses which it pr	oposes to pursue ir	n the transaction of bu	siness in Rhode Island are:	
General Contract	tor				
8. (a) The names and state or country of which			s (optional, unless dire	ectors are required under the laws of the	
NAME			ADD	RESS	
Christopher P. Ch	ioma	47 Winter Stre	Street, North Reading, MA 01864		
				<u> </u>	
ip nor Oli u	- Jana Appending St	· · · · · · · · · · · · · · · · · · ·		ck the box to indicate an attachment.	
(b) The names and r laws of the state or cou			officers (mandatory if	f directors are not required under the	
OFFICE		NAME		ADDRESS	
PRESIDENT	Christophe	r P. Choma	47 Winter Str	47 Winter Street, North Reading, MA 01864	
VICE PRESIDENT	Christopher P. Choma		same		
TREASURER	Christopher P. Choma		same		
SECRETARY	Christopher P. Choma		same		
			Chec	k the box to indicate an attachment.	
9. The aggregate number without par value, and				classes, par value of shares, shares	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
10,000	Common			No Par Value	
	-				

Form No. 150 Revised: 2016

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10. (a) Estimate, in dollars, the value of all proper located:	ty to be owned by the corporation for the fo	llowing year, wherever
\$_0.00		
(b) Estimate, in dollars, the value of the corporation year:	n's property to be located within Rhode Islan	nd during the following
\$		
(c) Estimate, as a percentage, the proportion that within this state during the following year bears to following year, wherever located. Note: Divide (10)	the value of all property of the corporation to	o be owned during the
0%		
11. (a) Estimate, in dollars, the gross amount of but	siness to be transacted by the corporation du	ıring the following year,
\$_0.00		
(b) Estimate, in dollars, the gross amount of busine in Rhode Island during the following year.	ess to be transacted by the corporation at o	r from places of business
\$_0.00		
(c) Estimate, as a percentage , the proportion of the or from places of business in Rhode Island during be transacted by the corporation during the following percentage.	the following year compared to the gross a	mount thereof which will
<u>0.00</u> %		
12. This application must be accompanied by a Coofficer of the state or country under the laws of who document.	ertificate of Good Standing/Letter of Status i ich it is incorporated that is dated within 60	ssued by the proper days of the filing of this
13. Date when the Certificate of Authority will be e	ffective: CHECK ONLY ONE BOX	
Date received (Upon filing)		
Later effective date (Date must be no more the	an 90 days from the day of filing)	
Under penalty of perjury, I declare and affirm that any accompanying attachments, and that all state	I have examined this Application for Certific ments contained herein are true and correc	ate of Authority, including t.
Signature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer	Date
SIGN DOCUMENT HERE	Christopher P. Choma	08/28/2017

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.



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

Date: August 23, 2017

To Whom It May Concern:

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

EXECUSPACE CONSTRUCTION CORPORATION

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

William Travino Galecin

Certificate Number: 17080396130

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

Processed by:

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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:

August 30, 2017 12:14 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

