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State of Rhode Island and Providence Plantatio	ne.	i	<u></u>
Department of State - Business S	-		j l
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Certificate of Authority			R.I. DEP BUS S
FOREIGN Corporation			See See
→ Filing Fee: \$310.00 minimum			S SPIC
Pursuant to the provisions of RIGL 7-1.2-1405, the u	indersigned foreign corporation i	nereby	
applies for a Certificate of Authority to transact busin			PH OST
for that purpose submits the following statement:			
1. The name of the corporation is:			in 🗳
Northeast Glass Works I	Inc.		
2. It is incorporated under the laws of: Massac	husetts		
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 o "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	f incorporation does not contain of, then list the name of the corp	the word "corporati oration with the add	on", "company", iltion of one of the
(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rho filed with this application:	sland, then set forth below the fi ode Island as stated in the "Fictit	ctitious name under ious Business Nam	r which the e Statement" to be
4. The date of its incorporation is: 81517			
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	E BOX		
Date certain for dissolution			
5. The address of its principal office is:			
431 Westminister Street Surter	201 Frehlung N	M 01420	
6. The name and address of the initial registered ag	ent/office of in Rhode Island:		
Agent Name			
Yarasearch			
Street Address (NOT a P.O. Box)			
222 Testerson Ehrd	0	Tzia Cada	
City/Town Warwick	State RHODE ISLAND	Zip Code UZ 888	
		F	FILED
MAIL TO:		A 11/	
Division of Business Services	_	AUL	G <b>3 1</b> 2017
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040	5	A	N 12.22
Vebsite: www.sos.ri.gov		BY	W. 10 25/2
			311490

7. The purpose or purp	oses which it p	roposes to pursue in th	e transaction of t	business in Rhode Island are:	
Tinchellotion	of Glass	and Alumii	nom Strong	nont Systems.	
AT A PHONE IS				3481-11	
8. (a) The names and restate or country of whic	•	•	ptional, unless di	rectors are required under the laws of the	
NAME		ADDRESS			
Jane M. Elliott		431 Westminster St., Ste Zoi, Fitchburg, MA 01420			
			<u>,</u>	·	
· · · · · · · · · · · · · · · · · · ·				Check the box to indicate an attachment.	
8. (b) The names and re of the state or country o			cers (mandatory	if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	Grange.	CELAT	431 Westm	Insta St., Ste 201, Fitchburg, MA 01420	
VICE PRESIDENT		- 126071-	•	Gime	
TREASURER	Jone M. Ehhott			Some	
SECRETARY	Jane M. F.LLott			Some	
				Check the box to indicate an attachment.	
9. The aggregate number par value, and series, if a			sue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
275,000	<u>Comm</u>	<u>m</u>		<u> </u>	
			·····		
			· · · · · · · · · · · · · · · · · · ·		
10. (a) Estimate, in doll				ollars, the value of the corporation's property in Rhode Island during the following year:	
located:		De Incered Milli	in Anous Island during the following year.		
\$ 50,000		\$ <u> </u>	5		
within this state during th	e following yea	ar bears to the value of	all property of th	roperty of the corporation to be located e corporation to be owned during the 00 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.			
\$ <u>_809,000 ~~</u>	\$.30,000			
(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. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.				
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			
George C ELLIOTT EI	8 30 17			
Signature of Authorized Officer of the Corporation				

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

William Francis Galvin Secretary of the Commonwealth

Date: August 24, 2017

To Whom It May Concern :

I hereby certify that according to the records of this office, NORTHEAST GLASS WORKS, INC.

is a domestic corporation organized on August 15, 2017 , 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.

William Traning Galein

Secretary of the Commonwealth

Certificate Number: 17080422930 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:

August 31, 2017 12:23 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

