MAIL TO:

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

Certificate of Authority FOREIGN Corporation		2017			
REIGN Corporation Filing Fee: \$310.00 minimum					
Pursuant to the provisions of RIGL <u>7-1,2-1405</u> , the upplies for a Certificate of Authority to transact busing that purpose submits the following statement:	<u> </u>	hereby SVC			
1. The name of the corporation is:		TE: 32:			
AMPS ELECTRI	•	~			
2. It is incorporated under the laws of: Mass	sachusutts				
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:	•				
(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rhofiled with this application:					
4. The date of its incorporation is: $10/2/12$	7016				
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: 31 C	restrict Road by	17			
6. The name and address of the initial registered ag	ent/office of in Rhode Island:				
Agent Name Thomas Aiello					
Street Address (NOT a P.O. Box) 4 SMiH	rfield Road #				
City/Town N. Providence	State RHODE ISLAND	Zip Code 02-904			
MAIL TO: Nivision of Business Services 48 W. River Street, Providence. Rhode Island 02904-2619 Phone: (401) 222-3040	111 1 40 4	2017			
Vebsite: www.sos.ri.gov	ву	314297			

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7. The purpose or purpo							
for	Profit	Electrical	+ CO	nstruci	hun co	impany.	
, ,						' '	
8. (a) The names and restate or country of which			optional, u	nless directo	ors are requ	ired under the	laws of the
NAME	ADDRESS						
John J. Bi	unchi 31 crestview Road Needhan MA 02492			02492			
Thomas Air	Airlo 4 smithfie		eld Road #42 N. Providence PI				
-				Che	ck the boy t	o indicate an a	ttachment 🔲
8. (b) The names and re	spective addre	esses of its principal o	fficers (ma				
of the state or country o	•	•	mccrs (ma	inductory in di	irectors are	not required th	idel tile laws
OFFICE	NAME				ADDF	RESS	
PRESIDENT	John J. Bianchi		31	31 cristiew Rd Neughamma Ox			
VICE PRESIDENT	Thomas Airello		4	smith	rfield	Nd #42	N. Provider
TREASURER	John J. Branchi		31	31 onestrew Rd Neidham MM ODY			
SECRETARY							
Check the box to indicate an attachment.							
The aggregate number par value, and series, if			issue; iten	nized by clas	sses, par va	llue of shares,	shares without
NUMBER OF SHARES	CLAS	S	SERIES		PAR VAL	UE OR STATE NO	PAR VALUE
20000		<u>#0.05</u>					
							
							
							
10. (a) Estimate in dol						of the corpora	
		ited within R	Rhode Island	during the foll	lowing year:		
located:			\$	0			
(c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located							
within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. <i>Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.</i>							

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.			
s 5,000,000	\$ 2,500,000			
(c) Estimate, as a percentage, the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. Note percentage.	year compared to the gross amount 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 Certificate of Authority will be effective: C	HECK ONLY ONE BOX			
Date received (Upon filing)				
Later effective date (Date must be no more than 90 day	rs from the day of filing)			
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contains	mined this Application for Certificate of Authority, including any ed herein are true and correct.			
Type or Print Name of Authorized Officer	Date			
Signature of Authorized Officer of the Corporation	JMENT HERE			



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

October 5, 2017

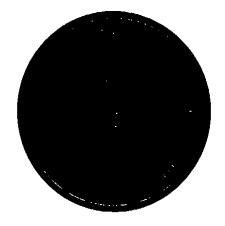
TO WHOM IT MAY CONCERN:

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

AMPS ELECTRIC, INC..

is a domestic corporation organized on October 21, 2016, 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

William Travino Galicin

Processed By: MBeshansky