

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:

1. The name of the corporation is:

**VECA Electric Company Inc.** 

2. It is incorporated under the laws of: WA

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: 07-14-1989

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:

5614 7th Avenue S, Seattle WA 98108

6. The name and address of the initial registered agent/office of in Rhode Island:

Agent Name CT Corporation System

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

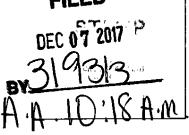
City/Town East Providence

RHODE ISLAND

State

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



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7.	The	purpose o	· purposes wh	nich it prop	oses to pu	rsue in the	transaction	of busines:	s in Rhode I	sland are:
				_						

## Provide Electrical and Technology services as a contractor.

NAME		ADDRESS						
Thomas Fairbanks		5614 7th Avenue S, Seattle WA 98108						
Keith Conti	·	5614 7th Avenue S, Seattle WA 98108						
Jutta Hood	5614 7th Avenue S, Seattle WA 98108							
				Che	ck the box to indicate an attachment.			
8. (b) The names and roof the state or country of				icers (mandatory if di	rectors are not required under the laws			
OFFICE		NAME		ADDRESS				
PRESIDENT	Keith Conti	<u>.                                    </u>		5614 7th Avenue S, Seattle WA 98108				
VICE PRESIDENT								
TREASURER Jutta Hood				5614 7th Avenue S, Seattle WA 98108				
SECRETARY	5614 7th Avenue S, Seattle WA 98108							
	1			Che	eck the box to indicate an attachment.			
9. The aggregate numb par value, and series, it	per of shares wi f any, within a c	hich it has lass, is:	authority to i	ssue; itemized by cla	sses, par value of shares, shares withou			
NUMBER OF SHARES	CLASS			SERIES	PAR VALUE OR STATE NO PAR VALUE			
500,000		voting		ommon shares	no par value			
10,000,000	non		non-voti	ng common shar	no par value			
10. (a) Estimate, in do owned by the corporati					s, the value of the corporation's propert Rhode Island during the following year:			
located: <b>\$\$</b>				\$_ <mark>0</mark>	· · · · · · · · · · · · · · · · · · ·			
(c) Estimate, as a perc	entage, the pro	oportion th	nat the estima	ted value of the prop	erty of the corporation to be located prporation to be owned during the			

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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.					
<sub>s</sub> 192,000,000	\$ 50,000					
Ψ	T					
(c) Estimate, <b>as a percentage</b> , 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>						
. <b>026</b> %						
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					
Jutta Hood	12-5-17					
Signature of Authorized Officer of the Corporation						
SIGN DOCUMENT HERE						

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Kim Wyman, Secretary of State



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:

December 07, 2017 10:18 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

