

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 (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence	State RHODE ISLAND	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 DEC 07 2017 P BY 319313 A.M.

7. The purpose or purpo	oses which it prop	ooses to pursue in the	e transaction of busin	ess in Rhode Island are:
Provide Electrical and	Technology ser	vices as a contract	or.	
8. (a) The names and restate or country of which			ptional, unless directo	ors are required under the laws of the
NAME			ADDRESS	
Thomas Fairbanks	5	614 7th Avenue S,	Seattle WA 98108	
Keith Conti	5	614 7th Avenue S,	Seattle WA 98108	
Jutta Hood	5	5614 7th Avenue S, Seattle WA 98108		
				ck the box to indicate an attachment.
8. (b) The names and re of the state or country of			ficers (mandatory if di	rectors are not required under the laws
OFFICE	<u> </u>	NAME		ADDRESS
PRESIDENT	Keith Conti		5614 7th Avenue S	S, Seattle WA 98108
VICE PRESIDENT				
TREASURER	Jutta Hood		5614 7th Avenue S, Seattle WA 98108	
SECRETARY	Jutta Hood		5614 7th Avenue \$	S, Seattle WA 98108
			Che	eck the box to indicate an attachment.
9. The aggregate numb par value, and series, if			ssue; itemized by cla	sses, par value of shares, shares without
NUMBER OF SHARES	CLASS			PAR VALUE OR STATE NO PAR VALUE
500,000		voting c	ommon shares	no par value
10,000,000		non-voting common shar		no par value
			4) = 1	
10. (a) Estimate, in do owned by the corporation				rs, the value of the corporation's property Rhode Island during the following year:
located: \$ 1,000,000			\$ <u></u>	·
within this state during following year, whereve	the following year er located. <i>Note: L</i>	r bears to the value of	of all property of the co	erty of the corporation to be located orporation to be owned during the 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.			
\$	\$			
(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. <i>Note percentage</i> .	year compared to the gross amount thereof which will be			
12. This application must be accompanied by a Certificate o the state or country under the laws of which it is incorporate	f Good Standing/Letter of Status issued by the proper officer of d that is dated within 60 days of the filing of this document.			
13. Date when the Certificate of Authority will be effective: C				
✓ 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 exa accompanying attachments, and that all statements contain	mined this Application for Certificate of Authority, including any ed 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 DOC	UMENT HERE			

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seaf hereby issue this

CERTIFICATE OF EXISTENCE

OF

VECA ELECTRIC COMPANY, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record

was filed in Washington and became effective on 7/14/1989.

I FURTHER CERTIFY that the entity's duration is Perpetual,

and that as of the date of this certificate, the records of the Secretary of State

do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collecte

through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: November 1, 2017

UBI: 601-190-731

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

STATE OF WASHINGTON 1889 NOTICE OF WASHINGTO

R.I. DEPT OF STATE
2017 NOW 27 PH 12:1

R.I. DEPT. OF S BUS SVCS D

T. OF STATE

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