RI SOS Filing Number: 201855874370 Date: 1/9/2018 11:48:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

CORPORATIONS DIV

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee \$310 00 minimum

Pursuant to the provisions of RIGL 7-1.2 1405, 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				
Precise Systems, Inc.				
2. It is incorporated under the laws of Maryland				
3. The name, if different, which it efects to use in Ri	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: 04/16/1990	<u> </u>			
And the period of its duration is: CHECK ONE BOX Perpetual (on-going) Date certain for dissolution	CONLY			
5. The eddress of its principal office is. 22290 Exploration Drive, Suite 400, Lexington Park, MD 20653				
6. The name and address of the mitral registered ag	ent/office in Rhode Island			
Agent Name InCorp Services, Inc.				
Street Address (NOI a PO Box) 222 Jefferson	Blvd., Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		

MAIL TO:

Otvision of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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7 The purpose or purp	oses which it p	roposes to pursue in th	e transaction o	f business in Rhode Island are	
Federal Governm	ent Contrac	etor			
8 (a) The names and nation state or country of which			ptional, unless	directors are required under the laws of the	
NAME		ADDRESS			
Richard Braun 22		22290 Exploration	22290 Exploration Drive, Suite 400, Lexington Park, MD 20653		
			·		
	• •				
		· · · - · · · · · · · · · · · · · · · ·		Check the box to indicate an attachment	
of the state or country o		orporated)	cers (mandato	ry if directors are not required under the laws	
OFFICE	NAME		ADDRESS		
PRESIDENT	Scott Pfister		22290 Explor	ation Drive, Suite 400, Lexington Park, MD 20653	
VICE PRESIDENT	Angela Rothwell		22290 Exploration Drive, Suite 400, Lexington Park, MD 20653		
TREASURER	Scott Pfister		22290 Exploration Drive, Sulte 400, Lexington Park, MD 20653		
SECRETARY	Scott Pfister		22290 Explor	ation Drive, Suite 400, Lexington Park, MD 20653	
			<u>, ,</u>	Check the box to indicate an attachment	
The aggregate number par value, and series, if		•	sue; itemized l	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
1,500,000	Common	· · · · · · · · · · · · · · · · · · ·	,	\$0.010000	
		 			
· · · •			-		
located within this state	during the follo	wing year bears to the	value of all pro	of the property of the corporation to be perty of the corporation to be owned during	
the following year where	ever located (A	Vote: Percentage obtain	ed from works	heet.)	
.33 %					
	ness in Rhode	Island during the follow	ing year comp	iusiness to be transacted by the corporation ared to the gross amount thereof which will be stained from worksheet.)	
.3 %	-				

12 This application must be accompanied by a <u>Certificate of Goo</u> formation dated within 60 days of the date of this filling.	d Standing/Letter of Status from the state or country of
13 Date when the Certificate of Authority will be effective. CHECH	ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	n the date of filing)
Under penalty of perjury, I declare and affirm that I have examined accompanying attachments, and that all statements contained her	• • • • • • • • • • • • • • • • • • • •
Type or Print Name of Authorized Officer	Date
Angela Rothwell	1/2/2018
Signature of Authorized Officer of the Corporation	

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PRECISE SYSTEMS, INC. (D02996346). INCORPORATED APRIL 16, 1990, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 04, 2018.

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SECRETARY OF STATE CORPORATIONS DIV

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 77/Voice

Online Certificate Authentication Code; dlF8yF1c9UyHpjkbGPPEWQ To verify the Authentication Code, visit http://dat.maryland.gov/verify

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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:

January 09, 2018 11:48 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

