

Filing Fee: \$50.00

ID Number: 1679749



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

CERTIFICATE OF CORRECTION

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 22 AM 11:45

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

- 1. The name of the corporation is: Bedford Specialty Sales, Inc.
2. The document to be corrected is Certificate of Authority - Foreign Corporation
3. The document being corrected was originally filed on 12/19/2017
4. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement: Authorized shares are listed as 2,000 in error.
5. The corrected portion of the document states as follows: Authorized shares 15,000
6. The document attached to this certificate is the corrected document.
7. This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 1/19/2018

Lisa Forget
Signature of Authorized Officer of the Corporation

Lisa Forget
Type or Print Name of Authorized Officer

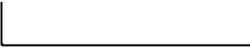
11:45
FILED
JAN 22 2018
BY [Signature]



Certificate of Authority
FOREIGN Corporation

→ Filing Fee: ~~\$319.00~~ 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: Bedford Specialty Sales, Inc.		
2. It is incorporated under the laws of: Massachusetts		
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: March 14, 2002		
And the period of its duration is: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 2 Shaker Road, Suite D206, Shirley, MA 01464		
6. The name and address of the initial registered agent/office of in Rhode Island:		
Agent Name Patrick F. Hess		
Street Address (<u>NOT</u> a P.O. Box) 400 Station Street		
City/Town Cranston	State RHODE ISLAND	Zip Code 02910

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JAN 22 2018

By *[Signature]* 3372345

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Storage of raw materials in a public warehouse.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Amanda Bagley	9 Virginia Lane, Stafford Springs, CT 06076
Lisa Forget	29 Tommy Francis Road, Westminster, MA 01473

Check the box to indicate an attachment.

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Amanda Bagley	9 Virginia Lane, Stafford Springs, CT 06076
VICE PRESIDENT	Lisa Forget	29 Tommy Francis Road, Westminster, MA 01473
TREASURER	Amanda Bagley	9 Virginia Lane, Stafford Springs, CT 06076
SECRETARY	Lisa Forget	29 Tommy Francis Road, Westminster, MA 01473

Check the box to indicate an attachment.

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
15,000			NO PAR VALUE

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:

\$ 900,000.

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

\$ 150,000.

(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. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.

17 %

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year. <div style="text-align: center;">\$ <u>7,500,000.</u></div>	(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. <div style="text-align: center;">\$ <u>750,000.</u></div>
(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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i> <div style="text-align: center;">10% <u> </u></div>	
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	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____	
<i>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.</i>	
Type or Print Name of Authorized Officer Lisa Forget	Date 1/19/2018
Signature of Authorized Officer of the Corporation <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;">SIGN DOCUMENT HERE</div> </div>	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



William Francis Galvin
Secretary of the
Commonwealth

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

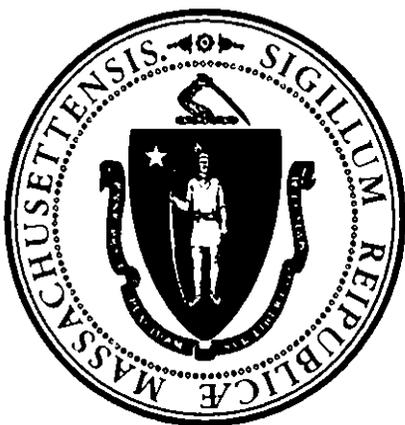
Date: December 12, 2017

To Whom It May Concern :

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

BEDFORD SPECIALTY SALES, INC.

is a domestic corporation organized on **March 14, 2002** , 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 Francis Galvin

Secretary of the Commonwealth

Certificate Number: 17120267610

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:

January 22, 2018 11:45 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

