RI SOS Filing Number: 201859771260 Date: 3/6/2018 10:53:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL <u>7-1 2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

2018 MAR -6 AM 10: 53	SECRETARY OF STATE CORPORATIONS GIV

the following statement:		
1. Entity ID Number:	2. The name of the o	corporation is:
001680906	Weinstock,	Friedman & Friedman, Inc.
3. It is incorporated under	the laws of:	4. List the date the Certificate of Authority was issued by the RI Department of State:
Maryland		1/26/18
5. If the entity's name has state the new name:	s changed, Friedman, Fra	amme & Thrush, P.A.
		Check box to indicate no change
6. The name, if different,	which it elects to use in Rh	ode Island is:
"incorporated," or "limited above corporate endings Friedman, Framme & Th (b) If the corporate name	," or an abbreviation therector use in Rhode Island: nrush, P.A., Inc. is not available in Rhode Island:	f incorporation does not contain the word "corporation," "company," of, then list the name of the corporation with the addition of one of the sland, then set forth below the fictitious name under which the s stated in the "Fictitious Business Name Statement" to be filed with the
application:	dalifeda ili i kriode i aldiid di	3 States in the Tremous Business Name Statement to be med with t
7. If the entity's purpose is transacted in the State of Rh		ollowing section: *The new purpose should include ALL activity to be
	V.	
Check the box to indicate	an attachment	Check box to indicate no change

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov MAR 0 6 2018 BY 3 AS 934 A.A. 10:53

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.

FORM 151 - Revised 12/2017

FILED

Check the box to indicate an attachment 8a. An estimate, as a percentage, of the proportion that the estimated value of the corporation to be located within this state during the following year be of all property of the corporation to be owned during the following year, whe (Note: Percentage obtained from worksheet.) 8b. An estimate, as a percentage, of the proportion of the gross amount of be transacted by the corporation at or from places of business in Rhode Isla	ears to the value erever located. 1 business to land during	ange
8a. An estimate, as a percentage, of the proportion that the estimated value of the corporation to be located within this state during the following year be of all property of the corporation to be owned during the following year, whe (Note: Percentage obtained from worksheet.) 8b. An estimate, as a percentage of the proportion of the gross amount of be transacted by the corporation at or from places of business in Rhode Isla	ue of the property ears to the value erever located. business to and during	. %
of the corporation to be located within this state during the following year be of all property of the corporation to be owned during the following year, whe (Note: Percentage obtained from worksheet.) 8b. An estimate, as a percentage, of the proportion of the gross amount of be transacted by the corporation at or from places of business in Rhode Isla	ears to the value erever located. 1 business to land during	
be transacted by the corporation at or from places of business in Rhode Isla	and during	0/
the following year compared to the gross amount thereof which will be trans corporation during the following year. (<i>Note. Percentage obtained from work</i>		<i>7</i> ₀
). As required by RIGL $\underline{7-1.2-105}$, the corporation has paid all fees and taxe	es.	
 Except as herein modified, the original Application for Certificate of Authoreeby confirmed, ratified and incorporated by reference into this Application 		ıd is
1. Date when the Amended Certificate of Authority will be effective: CHECH	K ONE BOX ONLY	
✓ Date received (Upon filing)		
Later effective date (Date must be no more than 90 days from the date	e of filing)	
Under penalty of perjury, I declare and affirm that I have examined this Applincluding any accompanying attachments, and that all statements contained		ority,
Name of Authorized Officer of the Corporation	Date	
William H. Thrush, Jr.	3.2.2018	
Signature of Authorized Officer SIGN SOLVEN LEFT	<u> </u>	

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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:

March 06, 2018 10:53 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

