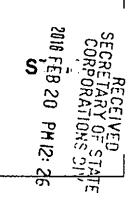
RI SOS Filing Number: 201859944510 Date: 3/8/2018 11:11:00 AM



State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



Application for Certificate of Authority Foreign Business Corporation

Filing and License 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:									
Iron Horse Structures,エハム・					100;	n]			
2. It is incorporated under the laws of:	Massachus	setts		83	0	722			
3. The name, if different, which it elects to use in Rhode Island is:						3.5			
(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:	12/22	2006		-7		S			
And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going) Date certain for dissolution				ala Man	701X1	CRETAR			
5. The address of its principal office is:		• • • • • • • • • • • • • • • • • • • •		<u></u>	70 72.	991			
3 Main St PO Box 866 North Eastham MA 0	2651					15 DAY			

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Form No. 150 Revised: 2016

Agent Name	ess of the initial registere		node Island:	/ · · · · · · · · · · · · · · · · ·	
Chris I	Dansereau/Urbane	Construction			
Street Address (NOT a	P.O. Box) 170 Canno	on St			
City/Town Cranston		State RHODE I	SLAND	Zip Code 02920	
7. The purpose or purp	oses which it proposes to	o pursue in the trans	action of busi	iness in Rhode Island are:	
Construction					
8. (a) The names and r state or country of which		ts directors (optional,	unless direc	tors are required under the laws of th	
NAME		ADDRESS			
					
		 	····		
		•			
·····		·		the box to indicate an attachment.	
	espective addresses of i intry of which it is incorpo		nandatory if o	directors are not required under the	
OFFICE	NAME		ADDRESS		
PRESIDENT	Francis Burke	PO I	PO Box 866 North Easstham MA 02651		
VICE PRESIDENT					
TREASURER					
SECRETARY					
			Check	the box to indicate an attachment.	
9. The aggregate numb	per of shares which it has series, if any, within a cla	authority to issue; it	emized by cla	asses, par value of shares, shares	
NUMBER OF SHARES	CLASS	SERIES	· -	PAR VALUE OR STATE NO PAR VALUE	
10000	CNP				
					
 					

Form No. 150 Revised: 2016

•							
10. (a) Estimate, in dollars, the value of all proper located:	rty to be owned by the corporation for the follow	ing year, wherever					
\$_20,000							
(b) Estimate, in dollars, the value of the corporatio year:	n's property to be located within Rhode Island d	uring the following					
\$							
(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.							
%							
11. (a) Estimate, in dollars, the gross amount of but	siness to be transacted by the corporation during	the following year.					
\$_1,000.000							
(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.							
\$_50,000		•					
(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. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.							
%							
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 e	ffective: 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.							
Signature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer	Date					
9 SIGNOCUMENT HERE	Francis Burke	2/15/18					

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.



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

Date: March 05, 2018

To Whom It May Concern:

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

IRON HORSE STRUCTURES, INC.

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.

Secretary of the Commonwealth

William Travin Galicin

Certificate Number: 18030053840

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by:

RI SOS Filing Number: 201859944510 Date: 3/8/2018 11:11:00 AM



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 08, 2018 11:11 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

