



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

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:

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 MAY 15 AM 11:52

1. The name of the corporation is:

DMC DRYWALL SYSTEMS INCORPORATED

2. It is incorporated under the laws of:

New Hampshire

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:

7/24/06

And the period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

23 Wason Rd. Hudson, NH 03051

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name Parasearch, Inc.

Street Address (NOT a P.O. Box)

222 Jefferson Blvd.

City/Town

Warwick

State

RHODE ISLAND

Zip Code

02080

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

MAY 15 2018

BY CM 330637

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

Construction, drywall, framing

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
Craig holmes	7 Circle drive, Hudson, NH 03051
Maiko Veilleux	23 Wason rd, Hudson, NH 03051

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if you did not fill out 8a). In 8b, list the name and addresses of principal officers (mandatory if you did not fill out 8a).

OFFICE	NAME	ADDRESS
PRESIDENT	Craig Holmes	7 Circle drive, Hudson, NH 03051
VICE PRESIDENT	Maiko Veilleux	23 Wason rd, Hudson, NH 03051
TREASURER		
SECRETARY		

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
2000	Common		NPV

10. An estimate, as a percentage, of 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: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of 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: Percentage obtained from worksheet.)

0 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date 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.

Type or Print Name of Authorized Officer

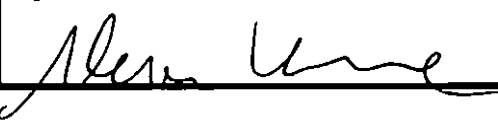
Date

MAIKO VICKLEUX

J.P.

5/14/2018

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

State of New Hampshire

Department of State

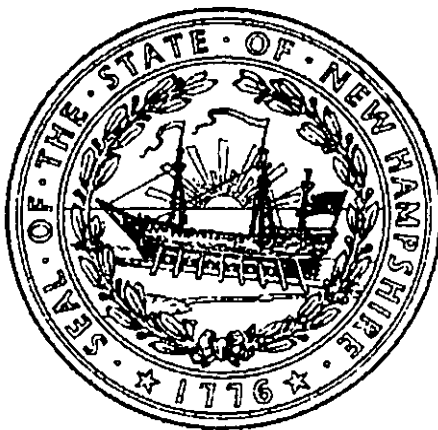
CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that DMC DRYWALL SYSTEMS INCORPORATED is a New Hampshire Profit Corporation registered to transact business in New Hampshire on July 24, 2006. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 561476

Certificate Number: 0004096473

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 15 AM 11:52



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 13th day of May A.D. 2018.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



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:

May 15, 2018 11:52 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

