

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing 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:

SECRETARY OF STATE CORPORATIONS DIV

for that purpose submits the following statement:	ယ					
The name of the corporation is:		<u> </u>				
RIGOR MORTIS ENTERTAINMENT INC						
2. It is incorporated under the laws of: MASSA	CHUSETTS					
3. The name, if different, which it elects to use in Rhode Island is:						
(a) If the name of the corporation in its jurisdiction "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	of incorporation does not contain to eof, then list the name of the corporation	he word "corporation", "company", pration with the addition of one of the				
(b) If the corporate name is not available in Rhode corporation will qualify and transact business in Rh filed with this application:	Island, then set forth below the ficultion is a stated in the "Fictition is a stated in the "Fiction is a stated in the "Fictition is a stated in the "Fiction is	ctitious name under which the ous Business Name Statement" to be				
4. The date of its incorporation is:	2011					
And the period of its duration is: CHECK ONE BC	DX DNLY					
Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is:						
395 SMITH STREET, PROVIDENCE, RI 02908						
6. The name and address of the initial registered a	igent/office in Rhode Island:					
Agent Name LOUIS W. GRANDE ESQ.						
Street Address (NOT a P.O. Box) 395 SMITH STR	EET					
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code ₀₂₉₀₈				

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

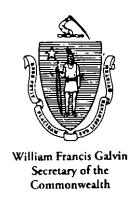
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BY 331069 A.A. 11:33 A.D

FORM 150 - Revised. 12/2017

TO OPERATE A THEM	FD PUZZLED	SOLVING PUBLIC AT	TRACTION, EN	business in Rhode Island are: GAGE IN THE SALE OF RELATED ER THE LAWS OF RHODE ISLAND.	
8. (a) The names and restate or country of which	espective addre	esses of its directors (o	ptional, unless o	directors are required under the laws of the	
NAME		ADDRESS			
LOUIS W. GRANDE	OUIS W. GRANDE 395 SMITH STREET,		PROVIDENCE	, RI 02908	
		15 SPĄULDING ROA	SPAULDING ROAD, PLAINFIELD, CT 06374		
JOHN DENLEY 3 COUNTRY C		3 COUNTRY CLUB F	LUB ROAD, STERLING, MA 01564		
				Check the box to indicate an attachment	
8. (b) The names and re of the state or country of	espective addr of which it is inc	esses of its principal of corporated):	ficers (mandato	ry if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	LOUIS W. GRANDE		395 SMITH S	395 SMITH STREET, PROVIDENCE, RI 02908	
VICE PRESIDENT	KENNETH A. MENDOZZI		15 SPAULDIN	15 SPAULDING ROAD, PLAINFIELD, CT 06374	
TREASURER	KENNETH A. MENDOZZI		15 SPAULDII	15 SPAULDING ROAD, PLAINFIELD, CT 06374	
SECRETARY	JOHN DENLEY		3 COUNTRY	3 COUNTRY CLUB ROAD, STERLING, MA 01564	
				Check the box to indicate an attachment	
9. The aggregate numb par value, and series, it	er of shares w f any, within a c	rhich it has authority to class, is:	issue; itemized	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLA		SERIES	PAR VALUE OR STATE NO PAR VALUE	
100				NO PAR VALUE	
 	 				
located within this state	during the fol	lowing year bears to th	e value of all pro	e of the property of the corporation to be operty of the corporation to be owned during	
the following year, whe		(Note. Fercentage obta	aniou nom work	onoon,	
l ——— ⁷					
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.)					
19.2	%				

12. This application must be accompanied by a <u>Certificate of Good Stand</u> formation dated within 60 days of the date of this filing.	ing/Letter of Status from the state or country of
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 da	te of filing)
Under penalty of perjury, I declare and affirm that I have examined this Apaccompanying attachments, and that all statements contained herein are	oplication for Certificate of Authority, including any true and correct.
Type or Print Name of Authorized Officer LOUIS W. Evande	5/16/18
Signature of Authorized Officer of the Corporation OSIGN FORUMENTHER	E



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

Date: May 14, 2018

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To Whom It May Concern:

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

RIGOR MORTIS ENTERTAINMENT, 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 Travino Galein

Certificate Number: 18050288170

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

Processed by: