**,**\*

State of Rhode Island and Providence Plantations Department of State - Business Servic	es Division			2018 MAY
pplication for Certificate of Authority				
OREIGN Business Corporation				8
→ Filing Fee: \$310.00 minimum				AN
				••
ursuant to the provisions of RIGL <u>7-1.2-1405</u> , the undersi- oplies for a Certificate of Authority to transact business in r that purpose submits the following statement:			 	8
A. J. Soares Constr	ruction	Inc		
. It is incorporated under the laws of:				
The name, if different, which it elects to use in Rhode Is	sland is:			
b) If the corporate name is not available in Rhode Island,	, then set forth below th land as stated in the "F	he fictitious name lictitious Busines	e under which is Name State	the
orporation will qualify and transact business in Rhode Isl led with this application:	, then set forth below th land as stated in the "F	he fictitious name Fictitious Busines	e under which is Name State	i the ement" to t
orporation will qualify and transact business in Rhode Isl	land as stated in the "F	he fictitious name Fictitious Busines	e under which is Name State	i the ement" to t
orporation will qualify and transact business in Rhode Isled with this application: The date of its incorporation is: 1/1/89 and the period of its duration is: CHECK ONE BOX ONL Perpetual (on-going) Date certain for dissolution The address of its principal office is: 55 Proceet Street	land as stated in the "F .Y Somess	he fictitious name Fictitious Busines	s Name State	ement" to t
orporation will qualify and transact business in Rhode Isled with this application: The date of its incorporation is: 1/1/89 and the period of its duration is: CHECK ONE BOX ONL Perpetual (on-going) Date certain for dissolution The address of its principal office is:	Iand as stated in the "F	ictitious Busines	s Name State	ement" to t
orporation will qualify and transact business in Rhode Isl led with this application: The date of its incorporation is: ///89 and the period of its duration is: CHECK ONE BOX ONL Perpetual (on-going) Date certain for dissolution The address of its principal office is: 55 Proceect Street The name and address of the initial registered agent/of agent Name Correct Address (NOT a P.O. Box) 3399 Pawtucket Address	Iand as stated in the "F		s Name State	ement" to t
orporation will qualify and transact business in Rhode Isled with this application: The date of its incorporation is: ///89 and the period of its duration is: CHECK ONE BOX ONL Perpetual (on-going) Date certain for dissolution The address of its principal office is: 55 55 55 55 55 55 55 55 55 5	Iand as stated in the "F			ement" to t
orporation will qualify and transact business in Rhode Isled with this application: The date of its incorporation is: ///89 and the period of its duration is: CHECK ONE BOX ONL Perpetual (on-going) Date certain for dissolution The address of its principal office is: <u>55 Proceect Hoot</u> The name and address of the initial registered agent/of sgent Name Address (NOT a P.O. Box) A399 Pautucket Address	Iand as stated in the "F	Zip Code	A O27	
orporation will qualify and transact business in Rhode Isled with this application: The date of its incorporation is: ///89 and the period of its duration is: CHECK ONE BOX ONL Perpetual (on-going) Date certain for dissolution The address of its principal office is: 55 Proceect Street The name and address of the initial registered agent/of agent Name Concept Street Address (NOT a P.O. Box) City/Town City/Town Cast Proceedance	Iand as stated in the "F	Zip Code		

FORM 150 - Revised: 12/2017

and a second second

·

.

7. The purpose or purp						iliu ale.		
	A							
	()							
1 Gene	mQ(')	anstru	tion					
8. (a) The names and re	espective addre	esses of its direct	tors (optional.	unless directors ar	re required u	nder the laws of the		
state or country of whic								
NAME		ADDRESS						
ALL TELES		55 Prospect St Soversat MA 02726						
KANTHONY -	Joures	55 Hocp	ect 3	Soversot	AM	02126		
				Check th	e box to ind	icate an attachment		
8. (b) The names and re	espective addre	sses of its princ	ipal officers (n					
of the state or country of			· · · · · · · · · · · · · · · · · · ·	,, ,				
OFFICE		NAME			ADDRESS			
PRESIDENT	L ()	<del>-</del> C	-		$\mathbf{c}$	1 10		
VICE PRESIDENT	Anthony	J Soone	1	•	-	ot Ma Oata6		
VICE PRESIDENT	Anthony	J Source	s si	Answert St	Some	sot Ma 02726		
TREASURER	f '	~		$\sim$ '				
	Arthony	J Soares	<u>s sst</u>	TOSPECT St	Somor	set Ma 02726		
SECRETARY	λ.μ. '	<u>-</u> -				set Masmas		
	Mining	2 Joanes				icate an attachment		
9. The aggregate numb	er of shares wh	ich it has author	rity to issue: itr					
par value, and series, if			ity to 13500, it.					
NUMBER OF SHARES	CLASS	3	SERIE			STATE NO PAR VALUE		
ίœ	CNP			I	No Pa	Value		
1								
	·	·	<u>.                                    </u>	<u> </u>		<u>-</u>		
					COLDOLARON	to be owned during		
	·	-						
<u>~0</u> %								
11. An estimate, as a p	ercentage, of t	he proportion of	the gross am	ount of business to	be transacte	ed by the corporation		
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								
at or from places of busi		transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)						
at or from places of busi	ration during the	e following year.	(Note: Percei	ntage obtained from	n worksheet.	)		
at or from places of busi	ration during the	e following year.	(Note: Percei	ntage obtained from	1 worksheet.	)		
10. An estimate, as a per- located within this state the following year, where % 11. An estimate, as a p	during the follo ever located. (A ercentage, of t	wing year bears lote: Percentage he proportion of Island during the	to the value of e obtained from	f all property of the n worksheet.) bunt of business to ar compared to the	corporation be transacte gross amou	to be owned during ed by the corporation nt thereof which will be		

•

, ,

I

ŗ

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.	ding/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 date	ate of filing)
Under penalty of perjury, I declare and affirm that I have examined this A accompanying attachments, and that all statements contained herein are	•••••••••••••••••••••••••••••••••••••••
Type or Print Name of Authorized Officer	Date 15-16-18
Signature of Authorized Office/ of the Corporation	

• •

•

.

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.rl.gov.

5

-



**The Commonwealth of Massachusetts** Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02133

William Francis Galvin Secretary of the Commonwealth

## May 23, 2018

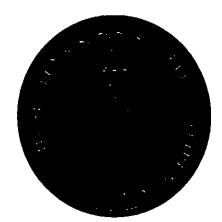
TO WHOM IT MAY CONCERN:

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

## A.J. SOARES CONSTRUCTION, INC.

is a domestic corporation organized on **January 1, 1989**, 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.



Processed By: nem

In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Villian Tranins Italicin

Secretary of the Commonwealth



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 30, 2018 11:18 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

