RI SOS Filing Number: 201867766670 Date: 5/30/2018 12:32:00 PM



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:

1. The name of the corporation is:				***
INIT INNOVATIONS IN TRANSI	PORTATION, INC.			
2. It is incorporated under the laws of: Virginia				
3. The name, if different, which it elects to use in Rh	ode Island is:			
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:				
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:			Statemen	t" to be <i>心</i>
			2018	000
4. The date of its incorporation is: 01/04/1999			MAY	APON PON PON PON PON PON PON PON PON PON
And the period of its duration is: CHECK ONE BOX	ONLY	•	80	27
Perpetual (on-going)			PH	웃유
Date certain for dissolution			<u> </u>	
5. The address of its principal office is:			32	A TE
424 Network Station, Chesapeake, VA 23320			:0	, ,
6. The name and address of the initial registered ag	ent/office in Rhode Island:			
Agent Name Corporation Service Company				
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Bo	ulevard, Suite 200			<u> </u>
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:32 FILED

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FORM 150 - Revised: 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:							
Systems integrator for public transport							
(a) The names and restate or country of which	espective addressible it is incorporate in the inco	esses of its directors (or ated):	otional, unless o	directors are required under the laws of the			
NAME		ADDRESS					
Roland Staib		424 Network Drive, Chesapeake, VA 23320					
		Check the box to indicate an attachment					
(b) The names and re of the state or country or			icers (mandator	y if directors are not required under the laws			
OFFICE		NAME	ADDRESS				
PRESIDENT	Roland Staib		424 Network Drive, Chesapeake, VA 23320				
VICE PRESIDENT	Dave Dodson		424 Network Drive, Chesapeake, VA 23320				
TREASURER	Linda Keith		424 Network Drive, Chesapeake, VA 23320				
SECRETARY	Lawrence Co	Lawrence Cohen		424 Network Drive, Chesapeake, VA 23320			
		· · · · · · · · · · · · · · · · · · ·		Check the box to indicate an attachment			
The aggregate number par value, and series, if			ssue; itemized b	by classes, par value of shares, shares without			
NUMBER OF SHARES	CLAS	S	SERIES	PAR VALUE OR STATE NO PAR VALUE			
10000	Common		· · ·	No Par Value			
				_			
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.) 4							
<u> </u>							

12. This application must be accompanied by a <u>Certificate of Goo</u> formation dated within 60 days of the date of this filing.	d Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECH	ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	n the date of filing)
Under penalty of perjury, I declare and affirm that I have examined accompanying attachments, and that all statements contained he	
Type or Print Name of Authorized Officer	Date
Lawrence Cohen, Secretary	5/29/2018
Signature of Authorized Officer of the Corporation	
James & Coh SIGN DOCUMEN	NT HERE

Commontaealth of Birginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That INIT Innovations In Transportation, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is January 4, 1999;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

SECRETARY OF STATE CORPORATIONS DIV



Signed and Sealed at Richmond on this Date: May 29, 2018

Joel H. Peck, Clerk of the Commission

CISECOM

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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:

May 30, 2018 12:32 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

