



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

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 CORPORATIONS DIV  
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**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:

|   |                           |                       |
|---|---------------------------|-----------------------|
| 1. The name of the corporation is:<br><b>Davis Publications, Inc.</b>   |                           |                       |
| 2. It is incorporated under the laws of: <b>MA</b>  |                           |                       |
| 3. The name, if different, which it elects to use in Rhode Island is:<br>(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:<br><br>(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: <b>January 7, 1958</b>   |                           |                       |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</b>  |                           |                       |
| <input checked="" type="checkbox"/> Perpetual (on-going)<br><input type="checkbox"/> Date certain for dissolution _____   |                           |                       |
| 5. The address of its principal office is:<br><b>50 Portland Street, Worcester, MA 01608</b>  |                           |                       |
| 6. The name and address of the initial registered agent/office in Rhode Island:   |                           |                       |
| Agent Name <b>CT Corporation System</b>   |                           |                       |
| Street Address (NOT a P.O. Box) <b>450 Veterans Memorial Parkway, Suite 7A</b>  |                           |                       |
| City/Town <b>East Providence</b>  | State <b>RHODE ISLAND</b> | Zip Code <b>02914</b> |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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

To sell educational print and digital textbooks and materials to Rhode Island K-12 schools

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                                      |
|------------------|--|
| Mark W. Davis    | 620 Wood Farm Rd, Waterbury Center, VT 05677 |
| P. Jeffrey Davis | 755 W Crescent Dr, Palm Springs, CA 92262    |
| Erika D. Wade    | 4 Buckley Rd, Worcester, MA 01602            |
| Julian D. Wade   | 8 Chesterfield Rd, Worcester, MA 01602       |

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

| OFFICE         | NAME             | ADDRESS                                   |
|----------------|------------------|---|
| PRESIDENT      | Julian D. Wade   | 8 Chesterfield Rd, Worcester, MA 01602    |
| VICE PRESIDENT | N/A              |   |
| TREASURER      | Erika D. Wade    | 4 Buckley Rd, Worcester, MA 01602         |
| SECRETARY      | P. Jeffrey Davis | 755 W Crescent Dr, Palm Springs, CA 92262 |

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 |
|------------------|-------|--------|---------------------------------|
| 600              | CWP   | -      | \$100 per share                 |
| _____            | _____ | _____  | _____                           |
| _____            | _____ | _____  | _____                           |
| _____            | _____ | _____  | _____                           |

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.)

3.3 \_\_\_\_\_ %

**Directors attachment**

Directors (continued)

Alison D. Wade

222 E 8<sup>th</sup> St, Apt 7N

Brooklyn, NY 11218

W. Curtis Reid

68-8 South Quinsigamond Ave

Shrewsbury, MA 01545

Abigail D. Reid

268 Bowen St

Boston, MA 02127

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.*

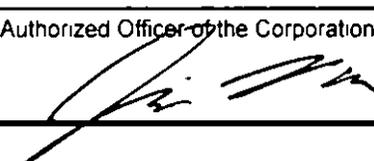
Type or Print Name of Authorized Officer

**Julian D. Wade**

Date

**5/25/18**

Signature of Authorized Officer of the Corporation

 SIGN DOCUMENT HERE



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: May 23, 2018

To Whom It May Concern :

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

**DAVIS PUBLICATIONS, INC.**

is a domestic corporation organized on **January 07, 1958** , under the General Laws of the  
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-  
ing 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 cor-  
poration 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.

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In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 18050448310

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

Processed by:



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:

June 11, 2018 12:47 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

