RI SOS Filing Number: 201869374990 Date: 6/12/2018 11:09:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE 2010 JUN 12 AM 11:09

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-14C5</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.

or that purpose submits the following statement.			
1. The name of the corporation is:			
BARBER ELECTRIC MANUFACTURING CO., INC.			
2. It is incorporated under the laws of: Delaware			
3. The name, if different, which it elects to use in Rho	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 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: 10/19/1934			
And the period of its duration is: CHECK ONE BOX Perpetual (on-going)	ONLY		
Date certain for dissolution			
5. The address of its principal office is.		-	
83 St. Paul Street, North Smithfield, RI 02896			
6. The name and address of the initial registered ago	ent/office in Rhode Island:		
Agent Name Ralph M. Kinder, Esq.			
Street Address (NOT a P.O. Box) 155 South Main S	treet, Suite 304		
City/Town Providence	State RHODE ISLAND	Zip Code 02903	

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 JUN 122018 11:09

BY Cu 332479

Winding up the affairs of a former manufacturing company					
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					
Linda B. Thibault 83 St. Paul Street, North Smithfield, RI 02896	3				
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 Linda B. Thibault 83 St. Paul Street, Nort	83 St. Paul Street, North Smithfield, RI 02896				
VICE PRESIDENT Linda B. Thibault 83 St. Paul Street, Nort	83 St. Paul Street, North Smithfield, RI 02896				
TREASURER Linda B. Thibault 83 St. Paul Street, Nort	83 St. Paul Street, North Smithfield, RI 02896				
SECRETARY Linda B. Thibault 83 St. Paul Street, Nort	83 St. Paul Street, North Smithfield, RI 02896				
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 F	PAR VALUE OR STATE NO PAR VALUE				
500 Common N	o 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.)					
100 %					
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)					
100 %					

12. This application must be accompanied by a <u>Certificate of Good Standing</u> formation dated within 60 days of the date of this filing.	g/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE BC	X 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 Appl accompanying attachments, and that all statements contained herein are true.	· · · · · · · · · · · · · · · · · · ·
Type or Print Name of Authorized Officer	Date , ,
Linda Thibault	6/8/18
Signature of Authorized Officer of the Corporation	
Linda Thibault	

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BARBER ELECTRIC MANUFACTURING CO., INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BARBER ELECTRIC MANUFACTURING CO., INC." WAS INCORPORATED ON THE NINETEENTH DAY OF OCTOBER, A.D. 1934.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202720622

Date: 05-18-18

336708 8300 SR# 20183771453 RI SOS Filing Number: 201869374990 Date: 6/12/2018 11:09:00 AM



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 12, 2018 11:09 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

