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

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:

Sungage	Financial,	Inc.

2. It is incorporated under the laws of: Delaware

The name, if different, which it elects to use in Rhode Island is:

(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:

(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: 3/5/2012

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution

5. The address of its principal office is:

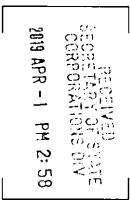
50 Franklin Street Boston MA 02110

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name Northwest Registered Agent, LLC

Street Address (NOT a P.O. Box) 1 Richmond Square, 125B

City/ Iown Providence	State RHODE ISLAND	Zip Code 02996
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 APR 01 2019 BCC GY8GY



FORM 150 - Revised: 12/2017

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

Residential Solar Financing

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):

NAMI	Ξ	ADDRESS	
James Donovan	50 Franklin Stre	eet Boston MA 02110	
Dawn Gillette	50 Franklin Stro	eet Boston MA 02110	
Michael Buman	50 Franklin Stro	eet Boston MA 02110	
Sara Ross	50 Franklin Stro	50 Franklin Street Boston MA 02110	
	· •	Check the box to indicate an attachment	
	d respective addresses of its princip y of which it is incorporated):	bal officers (mandatory if directors are not required under the laws	
OFFICE	NAME	ADDRESS	
PRESIDENT	Michael Gilrov	50 Franklin Street Boston MA 02110	

FRESIDENT	Michael Gilroy	50 Franklin Street Boston MA 02110
VICE PRESIDENT	James Donovan	50 Franklin Street Boston MA 02110
TREASURER	Nancy Murphy	50 Franklin Street Boston MA 02110
SECRETARY	Sara Ross	50 Franklin Street Boston MA 02110

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:

.001
.001
.001

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.*)

2.3

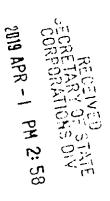
12. This application must be accompanied by a <u>Certificate of Good Sta</u> formation dated within 60 days of the date of this filing.	anding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ON	NE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the	e date of filing)
Under penalty of perjury, I declare and affirm that I have examined this accompanying attachments, and that all statements contained herein	
Type or Print Name of Authorized Officer	Date
Nancy Murphy	3/28/2019

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNGAGE FINANCIAL, 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 EIGHTH DAY OF MARCH, A.D. 2019.



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Authentication: 202406435 Date: 03-08-19

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SR# 20191848963 You may verify this certificate online at corp.delaware.gov/authver.shtml



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:

April 01, 2019 02:58 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

