

## **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

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for that purpose submits the following statement:	533 III the otate of Whode Island,	, and			
The name of the corporation is:	lian Inc				
Bro Builders Construc	FION THE				
2. It is incorporated under the laws of: Mass					
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 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: $4/11/19$					
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: 124 Bates St New Bedford ma 02745					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Rhode Island Builders Association					
Street Address (NOT a P.O. Box) 450 Veterans Memorial PKWY #301					
City/Town E. Providence	State RHODE ISLAND	Zip Code 62914 - 5380			

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

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7. The purpose or purpo	ees which it nr	onness to nurs	ue in the	transacti	on of husines	e in F	Phode Island are:	
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	Remodeli	ng amd	New	Cons	truction			
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8. (a) The names and re state or country of which	•		ctors (op	tional, un			equired under the	laws of the
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8. (b) The names and re	spective addre	sses of its prin	icipal offic	ers (mar				
of the state or country of								
OFFICE		NAME				ΑĮ	DDRESS	
PRESIDENT	Henrique	Henrique Vieira		124	Bates	SL	New Bedford	Ma. 02745
VICE PRESIDENT	Jeremiah	1 defreita	٠\$	33 .	Jenkins	SŁ	New Bedfer	10 MG 02740
TREASURER								
SECRETARY								
	l				Chec	k the	box to indicate an	attachment
9. The aggregate number par value, and series, if			ority to iss	sue; item	ized by class	es, pa	r value of shares,	shares without
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10 An octimate as a ne	rcontage of t	ha proportion t	hat the ex	timated	value of the r	roner	ty of the corporation	on to he
located within this state	10. An estimate, <b>as a percentage</b> , 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.)							
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11. An estimate, <b>as a percentage</b> , 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. ( <i>Note: Percentage obtained from worksheet.</i> )								
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12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Statu</u> formation dated within 60 days of the date of this filing.	s 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 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	Date			
Henrique vieisa	4-24-19			
Signature of Authorized Officer of the Corporation				
Sontique Viewa SIGN DOCUMENT HERE				



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

Commonwealth

Date: April 19, 2019

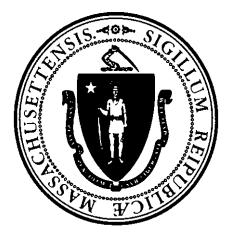
To Whom It May Concern:

16. 19 4 · 12

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

## **BRO BUILDERS CONSTRUCTION INC**

is a domestic corporation organized on April 11, 2019 , 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.



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

Secretary of the Commonwealth

William Travin Galicin

Certificate Number: 19040402390

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

Processed by: