RI SOS Filing Number: 201996071090 Date: 6/10/2019 9:57:00 AM



## **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:

SECRETARY OF SECRE	_
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for that purpose submits the following statement:	as in the otate of those island,	diid	<u></u>	
1. The name of the corporation is:			<i>ত</i> ্	25-1 171
Terraink, Inc			7	
2. It is incorporated under the laws of: Massach	usetts			
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 therecabove corporate endings for use in Rhode Island:	•		•	•
N/A				
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:				i" to be
N/A				
4. The date of its incorporation is: 22 February	2011			
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:				
7 Central Street, Suite 150; Arlington, MA 02476				
6. The name and address of the initial registered ago	ent/office in Rhode Island:		·	
Agent Name Ms. Scheri Fultineer				
Street Address (NOT a P.O. Box) 96 Bowen Street;	Apt. 4			
City/Town Providence	State RHODE ISLAND	Zip Code 02906	<u> </u>	

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 10 2019 KL 18EQT 9:57



7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Landscape Architecture and Planning; Visual Analysis Expertise						
O (a) The name and a		f iadirectors /o.	-Alamal Juniana	discretization of the laws of the		
8. (a) The names and restate or country of whic	•		otionai, uniess	directors are required under the laws of the		
NAME			•	ADDRESS		
Jane Marie Cummings		31 Central Street, Arlington, MA 02476				
Jane Marie Cummings		or outside dudet, Armigron, MA 02470				
Kellie Anne Connelly		9 Russell Street, Arlington, MA 02474				
				Check the box to indicate an attachment		
8 (h) The names and re	espective address	es of its principal off	icers (mandato	bry if directors are not required under the laws		
of the state or country of						
OFFICE	N	IAME		ADDRESS		
PRESIDENT	Jane Marie Cummings		31 Central Street, Arlington, MA 02476			
VICE PRESIDENT	N/A		N/A			
TREASURER	Kellie Anne Connelly		9 Russell Street, Arlington, MA 02474			
SECRETARY	Kellie Anne Connelly		9 Russell St	ssell Street, Arlington, MA 02474		
· · · -				Check the box to indicate an attachment		
9. The aggregate numb par value, and series, if			ssue, itemized	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS			PAR VALUE OR STATE NO PAR VALUE		
12,500	Common			No Par Value		
<u> </u>				<del></del>		
<del></del>						
				e of the property of the corporation to be		
located within this state the following year, when				operty of the corporation to be owned during sheet.)		
n	·	io o.comago cara				
<u> </u>	6					
11 An estimate as a r	nercentage of the	proportion of the ar	os amount of	husiness to be transacted by the corporation		
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.)						
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12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of				
13. Date when the Certificate of Authority will be effective: CHE	CK 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				
Kellie Anne Connelly	06/07/2019				
Signature of Authorized Officer of the Corporation					



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

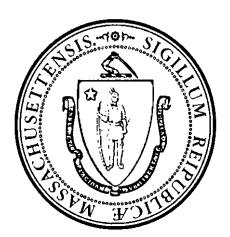
Date: June 06, 2019

To Whom It May Concern:

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

TERRAINK, INC.

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 Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Certificate Number: 19060127220

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

Processed by:

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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:

June 10, 2019 09:57 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

