Filing and License Fee: \$310.00 minimum

ID Number: 164029

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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

## **BUSINESS CORPORATION**

## APPLICATION FOR CERTIFICATE OF AUTHORITY

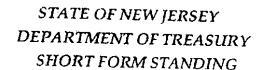
Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

the follo	owing statement:	١٠,		
1. The	name of the corporation is Forman Industries, INC.	·		
2. It is	incorporated under the laws of New Jersey			
3. The	name, if different, which it elects to use in Rhode Isla	and is:		
(a)		n of incorporation does not contain the word "corporation," "company," reof, then list the name of the corporation with the addition of one of the		
<b>(b</b> )		and, then set forth below the fictitious name under which the corporation will stated in the "Fictitious Business Name Statement" to be filed with this		
4. The	date of its incorporation is 01/12/1984	and the period of its duration is Perpetual		
	e address of its principal office in the state or country L D Bordentown Ave. Old Bridge,NJ 08857	under the laws of which it is incorporated is		
6. The	e address of its proposed registered office in Rhode Is			
		(Street Address, <u>not</u> P.O. Box)		
<u>Pro</u>	vidence , RI 02903 (City/Town) (Zip	and the name of its proposed registered agent in Rhode Island at Code)		
tha	t address is CT Corporation System			
		(Name of Agent)		
7. The	e purpose or purposes which it proposes to pursue in t	the transaction of business in Rhode Island are:		
Cons	struction on interior retail store set-up			
, ,	The names and respective addresses of its directors of which it is incorporated).	(optional unless directors are required under the laws of the state or country		
	<u>Name</u>	<u>Address</u>		
(	Director			
[	Director			
(	Director	FILED		
ſ	Director	FILED WAY 1 77 2007		
		WAY T & COO.		

Form No. 150 Revised: 12/05 MAY 1 7 2007

By ( ) ( ) ( ) ( ) ( )

		<u>Name</u>	!		<u>Address</u>	
P	resident	Scott Forman3150 Bordentown Ave., Old Bridge, NJ 08857Steve Forman3150 Bordentown Ave., Old Bridge, NJ 08857		dge, NJ 08857		
٧	ice President			3150 Bordentown Ave., Old Bridge, NJ 08857		
	reasurer					
Secretary						
	e aggregate num d series, if any, v		has authority to	issue, itemized by classes, p	ar value of shares, shares without par value	
	Number of	<u>Shares</u>	Class	Series	Par Value or Statement that Shares are without Par Value	
<u>250</u>	00	Com	mon	<del>.</del> ————————————————————————————————————	Shares are without Par Value	
				<u> </u>		
10. (a)	An estimate of \$ 10,000,000.00	•	operty to be o	wned by the corporation for	the following year, wherever located, is	
(b)	An estimate o	of the value of the c	orporation's pro	perty to be located within R	Rhode Island during the following year is	
(c)	located within t	this state during the fo	llowing year bea	rs to the value of all property	alue of the property of the corporation to be of the corporation to be owned during the ultiply by 100 to obtain the percentage].	
11. (a)	An estimate of \$2,000,000.00	_	of business to	be transacted by the cor	poration during the following year is	
(b)	An estimate 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 is \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
(c)	corporation at	or from places of busi by the corporation dur	ness in this stat	e during the following year be	nount of business to be transacted by the ears to the gross amount thereof which will ride (b) by (a) and multiply by 100 to obtain	
	is application is a which it is incorp		tificate of Good	Standing issued by the proper	officer of the state or country under the laws	
		Certificate of Authorit		ive upon filing unless a specif	ied date is provided which shall be no later	
Date <sup>.</sup>	04/25/2007			examined this Application	ry, I declare and affirm that I have on for Certificate of Authority, including achments, and that all statements and correct.	
Dale.	<u>V712011</u>			Signature of Aut	horized Officer of the Corporation	
				·	·	
				Scott Forman		



## FORMAN INDUSTRIES, INC.

0100215422

With the Previous or Alternate Name

VENDOR MERCHANDISING SERVICES (Alternate Name)

RETAIL REPAIR (Alternate Name)

REMODEL MANAGEMENT GROUP (Alternate Name)

GARAGE STORAGE SOLUTIONS (Alternate Name)

FI-COMPANIES (Alternate Name)

RETAIL REPAIR SERVICES (Alternate Name)

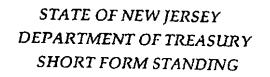
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 12, 1984.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Scott Forman 32 Briar Lane Basking Ridge, NJ 07920

Continued on next page . . .



FORMAN INDUSTRIES, INC.



IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this

29th day of March, 2007

Bradley Abelan

Bradley Abelow State Treasurer