



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

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BUS. SVCS. DIV.
2019 JUL 9 AM 10:43

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: <u>Allegheny Science + Technology Corporation</u>		
2. It is incorporated under the laws of: <u>West Virginia</u>		
3. 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: <u>4/9/2009</u> 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: <u>125 Professional Place Bridgeport, WV 26330</u>		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name <u>United States Corporation Agents, Inc.</u> Street Address (NOT a P.O. Box) <u>222 Jefferson Blvd. Suite 200</u> City/Town <u>Warwick</u> State <u>RHODE ISLAND</u> Zip Code <u>02888</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

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

Government Contracting Services - IT support, software engineering, etc

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
Arria Hines	125 Professional Place Bridgeport, WV 26330
Bob Wentz	125 Professional Place Bridgeport, WV 26330
Jon Elder	125 Professional Place Bridgeport, WV 26330

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	Arria Hines	125 Professional Place Bridgeport, WV
VICE PRESIDENT	Bob Wentz	125 Professional Place Bridgeport, WV
TREASURER	Jon Elder	125 Professional Place Bridgeport, WV
SECRETARY		

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	PAR VALUE OR STATE NO PAR VALUE
5,000	Common		\$1.00

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.)

.0001 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

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.

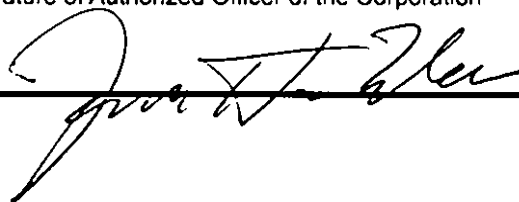
Type or Print Name of Authorized Officer

Jon Elder, EVP/CFO

Date

6/28/19

Signature of Authorized Officer of the Corporation

 SIGN DOCUMENT HERE



Certificate

*I, Mac Warner, Secretary of State of the State of
West Virginia, hereby certify that*

ALLEGHENY SCIENCE & TECHNOLOGY CORPORATION

was incorporated under the laws of West Virginia and a Certificate of Incorporation
was issued by the West Virginia Secretary of State's Office on April 09, 2009.

I further certify that the corporation has not been revoked or administratively dissolved
by the State of West Virginia nor has the West Virginia Secretary of State issued a
Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this Certificate of Existence

CERTIFICATE OF EXISTENCE

Validation ID:0WV2P_QTAH2



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of*

June 25, 2019

Mac Warner

Secretary of State