RI SOS Filing Number: 201908264550 Date: 7/29/2019 11:56:00 AM



State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Application for Certificate of Authority FOREIGN Business Corporation	STAMP

→ Filing Fee: \$310.00 minimum		SHITTARKS (CT & CASE SHITTARKS)					
Pursuant to the provisions of RIGL 7-1.2-1405, the un applies for a Certificate of Authority to transact busine for that purpose submits the following statement:		· · · · · · · · · · · · · · · · · · ·					
1. The name of the corporation is:		2 -6					
Coencorp Consultant Corpora	tion	DELVE PAM 9 AM					
2. It is incorporated under the laws of: Canada E	Business Corporation Act) STAI H: 5 (
3. The name, if different, which it elects to use in Rho	ode Island is:	+ γr					
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo 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: October 18, 1	1991						
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:							
190-3705 Place de Java, Brossard, Quebec, Canada. J4Y 0E4							
6. The name and address of the initial registered age	ent/office in Rhode Island:						
Agent Name Parasearch, Inc.							
Street Address (NOT a P.O. Box) 222 Jefferson Box	ulevard						
City/Town Warwick	State RHODE ISLAND	Zip Code 02888					

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

7. The purpose or purpo	ses which it pr	oposes to pursu	e in the	transaction of b	ousines	s in Rhode Island are:
Awarded contract from Rhode Island Public Transport Authority, to provide fuel and fleet management system.						
8. (a) The names and re state or country of which			tors (op	tional, unless di	rectors	are required under the laws of the
NAME				Αl	DDRES	SS
Ali Tavassoli		9068 Croissant Rimouski, Brossard, Quebec, J4X 2S7				
Ahmad Tavassoli 760 Marie-Gerin-L		in-Lajoi	e, St-Bruno-de	-Monta	arville, Quebec, Canada, J3V 6H4	
						the box to indicate an attachment
8. (b) The names and re of the state or country o	•	·	ipal offic	cers (mandatory	if direc	ctors are not required under the laws
OFFICE		NAME				ADDRESS
PRESIDENT	Ali Tavassoli			9068 Croissant Rimouski, Brossard, Quebec, J4X 2S7		
VICE PRESIDENT	Ahmad Tavassoli			760 Marie-Gerin-Lajoie, St-Bruno-de-Montarville, Quebe		
TREASURER						
SECRETARY						
	<u> </u>				Chec	k the box to indicate an attachment
9. The aggregate number par value, and series, if			rity to is:	sue; itemized by	y classe	es, par value of shares, shares without
NUMBER OF SHARES	CLAS	S		SERIES		PAR VALUE OR STATE NO PAR VALUE
Unlimited	<u>A</u>				_	No par value
					_	
<u>-</u>					_	
				<u> </u>	_	
	during the follo	owing year bears	s to the	value of all prop	erty of	roperty of the corporation to be the corporation to be owned during
13.81						
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. (<i>Note: Percentage obtained from worksheet.</i>) 24.20						
%						

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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 B	OX ONLY		
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date	e of filing)		
Under penalty of perjury, I declare and affirm that I have examined this App accompanying attachments, and that all statements contained herein are to			
Type or Print Name of Authorized Officer	Date		
Ali Tavassoli	JULY 26, 2019		
Signature of Authorized Officer of the Corporation			
SIGN DOCUMENT HERE			

Certificate of Compliance

Canada Business Corporations Act s. 263.1

Certificat de conformité

Loi canadienne sur les sociétés par actions art. 263.1

COENCORP CONSULTANT CORPORATION

Corporate name / Dénomination sociale

276159-9

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation named above:

- exists under the Canada Business Corporations Act;
- · has filed the required annual returns; and
- · has paid all prescribed fees required.

JE CERTIFIE, par la présente, que la société cidessus mentionnée :

- existe en vertu de la Loi canadienne sur les sociétés par actions;
- · a déposé les rapports annuels exigés; et
- a acquitté les droits prescrits.

strong &

Raymond Edwards

Director / Directeur

2019-07-26

Issuance date (YYYY-MM-DD) Date d'émission (AAAA-MM-JJ) RI SOS Filing Number: 201908264550 Date: 7/29/2019 11:56:00 AM



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:

July 29, 2019 11:56 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

