



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

STAMP

SECRETARY OF STATE  
STATE OF RHODE ISLAND

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:

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SECRETARY OF STATE  
STATE OF RHODE ISLAND

1. The name of the corporation is:

**Coencorp Consultant Corporation**

2. It is incorporated under the laws of:

**Canada Business Corporation Act**

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: **October 18, 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 agent/office in Rhode Island:

Agent Name **Parasearch, Inc.**

Street Address (NOT a P.O. Box) **222 Jefferson Boulevard**

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](http://www.sos.ri.gov)

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

**Awarded contract from Rhode Island Public Transport Authority, to provide fuel and fleet management system.**

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
Ali Tavassoli	9068 Croissant Rimouski, Brossard, Quebec, J4X 2S7
Ahmad Tavassoli	760 Marie-Gerin-Lajoie, St-Bruno-de-Montarville, Quebec, Canada, J3V 6H4

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	Ali Tavassoli	9068 Croissant Rimouski, Brossard, Quebec, J4X 2S7
VICE PRESIDENT	Ahmad Tavassoli	760 Marie-Gerin-Lajoie, St-Bruno-de-Montarville, Quebe
TREASURER		
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
Unlimited	A		No par value

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.)

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. (Note: Percentage obtained from worksheet.)

24.20 %

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.*

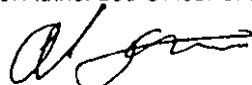
Type or Print Name of Authorized Officer

**Ali Tavassoli**

Date

**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 ci-  
dessus 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.

Raymond Edwards

Director / Directeur

2019-07-26

Issuance date (YYYY-MM-DD)  
Date d'émission (AAAA-MM-JJ)