



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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2019 AUG 21 AM 11:22

**Application for Amended Certificate of Authority**  
FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-1411, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <b>000151123</b>	2. The name of the corporation is: <b>Paul's Cutone INC</b>
3. It is incorporated under the laws of: <b>MA</b>	4. List the date the Certificate of Authority was issued by the RI Department of State: <b>10/13/ 2005</b>
5. If the entity's name has changed, state the new name: <b>Mark Cutone Architecture INC</b> <input type="checkbox"/> Check box to indicate no change	
6. 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 transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:	
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island.	
Check the box to indicate an attachment <input type="checkbox"/> <span style="float: right;">Check box to indicate no change <input checked="" type="checkbox"/></span>	

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2019 AUG 30 PM 12:04

**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**  
**AUG 30 2019 11:22 AM**  
BY **78511**

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

8. If there has been an increase in the authorized shares of the corporation complete the following section:

**\*List ALL authorized shares as of this amendment.**

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the box to indicate an attachment

Check box to indicate no change

8a. 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.)

\_\_\_\_\_ 1/2 %

8b. 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.)

\_\_\_\_\_ 3 %

9. As required by RIGL 7-1.2-105, the corporation has paid all fees and taxes.

10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

11. Date when the Amended 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 Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Name of Authorized Officer of the Corporation

Mark Cutore

Date

8/15/19

Signature of Authorized Officer



SIGN DOCUMENT HERE



State of Rhode Island and Providence Plantations  
DEPARTMENT OF BUSINESS REGULATION  
1511 Pontiac Avenue, Bldg. 68-2  
Cranston, Rhode Island 02920

Division of  
Design  
Professionals

March 19, 2019

Mark Cutone Architecture+ Inc.  
2 BROAD STREET  
NANTUCKET, MA 02554

**ARC.0014385-COA**

Dear Sir/Madam:

Your Certificate of Authorization ("COA") **amended** application for a **name change** from *BPC ARCHITECTURE* to *Mark Cutone Architecture+ Inc.* has been reviewed and approved by the Rhode Island Board of Examination and Registration of Architects ("Board").

Attached is your certificate reflecting the new name.

In all future instances of corresponding with the Board, please be sure to utilize the number located on the upper right in identifying your firm. Without this number, the Board will not be able to properly review any records or inquiries that you may have inasmuch as all registrations are done by number and not by name. If you have any questions regarding this process, please feel free to contact this Board.

Very truly yours,

**BOARD OF EXAMINATION AND  
REGISTRATION OF ARCHITECTS**

David L. DeQuattro, AIA, NCARB  
Secretary

DLD/dmb

Attachment



*State of Rhode Island and Providence Plantations  
Board of Examination and Registration of Architects*



BE IT KNOWN THAT

***Mark Cutone Architecture+ Inc.***

*having given satisfactory evidence of having the  
qualifications required by law is hereby authorized to practice  
Architecture as a  
Corporation*

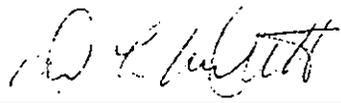
IN THE STATE OF RHODE ISLAND

Certificate of Authorization No.: 14385

Issued: 01/01/2019

Expires: 12/31/2020

  
Chairperson

  
Secretary



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

August 30, 2019 12:04 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

