



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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## 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:

Connecticut Wells / Geothermal Services, Inc.

2. It is incorporated under the laws of:

State of Connecticut

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:

6/24/1999

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:

49 Hard Hill Rd N.  
Bethlehem, CT 06751

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name

Bill Harvey

Street Address (NOT a P.O. Box)

c/o 97 John Clarke Rd. (Moore, Virgadamo and Lynch, Ltd.)

City/Town

Middletown

State

RHODE ISLAND

Zip Code

02842

## 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

SEP 10 2019

BY J GCBTE  
10:29

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

Well drilling contracts

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

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	Anthony Ganio	93 Headquarters Rd. Litchfield, CT
VICE PRESIDENT	Nicole Murphy	413 Willow Well Ct. Cheshire, CT
TREASURER	Anthony Ganio	Same
SECRETARY	Nicole Murphy	Same

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	CNP		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.)

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.)

13 %

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

Date

Nicole Murphy

8/28/19

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that the certificate of incorporation of

CONNECTICUT WELLS/GEO-THERMAL SERVICES, INC.

a domestic STOCK corporation, was filed in this office on June 24, 1999. The following is a list of all documents filed in this office:

Filing Type: -----	File Date/Time: -----	Effective Date/Time: -----
CERTIFICATE OF INCORPORATION	June 24, 1999 08:30 AM	
ORGANIZATION AND FIRST REPORT	August 13, 1999 08:30 AM	August 13, 1999 08:30 AM
REPORT (2000)	July 24, 2000 08:30 AM	July 24, 2000 08:30 AM
REPORT (2001)	June 13, 2001 08:30 AM	June 13, 2001 08:30 AM
REPORT (2002)	June 20, 2002 08:30 AM	June 20, 2002 08:30 AM
REPORT (2003)	June 24, 2003 08:30 AM	June 24, 2003 08:30 AM
REPORT (2004)	June 29, 2004 08:30 AM	June 29, 2004 08:30 AM
REPORT (2005)	June 22, 2005 08:30 AM	
REPORT (2006)	July 10, 2006 08:30 AM	
REPORT (2007)	June 18, 2007 08:30 AM	
REPORT (2008)	June 05, 2008 08:30 AM	
CERTIFICATE OF AMENDMENT	February 09, 2009 08:30 AM	February 09, 2009 08:30 AM

with name change from: CONNECTICUT WELLS, INC.  
to: CONNECTICUT WELLS/GEO-THERMAL SERVICES, INC.

Secretary of The State of Connecticut

INTERIM NOTICE	February 17, 2009 08:30 AM	
REPORT (2009)	June 08, 2009 08:30 AM	
REPORT (2010)	August 26, 2010 08:30 AM	
REPORT (2011)	March 12, 2012 12:05 PM	
CERTIFICATE OF AMENDMENT	February 13, 2013 08:30 AM	February 13, 2013 08:30 AM
REPORT (2012)	March 15, 2013 01:29 PM	
REPORT (2013)	May 28, 2013 04:47 PM	
REPORT (2014)	June 16, 2014 02:38 PM	
REPORT (2015)	June 22, 2015 10:28 AM	
REPORT (2016)	September 19, 2017 09:16 AM	
REPORT (2017)	September 19, 2017 09:17 AM	
REPORT (2018)	August 29, 2019 03:30 PM	
REPORT (2019)	September 06, 2019 11:15 AM	

Secretary of The State of Connecticut

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



\_\_\_\_\_  
Secretary of The State of Connecticut

Date Issued: September 06, 2019



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:

September 10, 2019 10:29 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

