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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

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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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ARETEC, INC.

2. It is incorporated under the laws of: Virginia

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 filed with this application:

4. The date of its incorporation is: 11/3/2014

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:

10201 Fairfax Boulevard, Ste. 223, Fairfax, Virginia 22030

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

Agent Name Registered Agents Inc.

Street Address (NOT a P.O. Box) One Richmond Square, Ste 125B

City/Town Providence

State RHODE ISLAND

Zip Code 02906

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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FORM 150 - Revised: 12/2017

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		- ·			of business in Rhode Island are:		
Federal government contracting, primarily data science and analytics							
8. (a) The names and re state or country of which			ectors (op	tional, unless	directors are required under the laws of	of the	
NAME					ADDRESS		
Roby Luna	10201 Fairfax Blvd., Ste. 223, Fairfax, Virginia 22030						
Anthony Rivera	10201 Fairfax Blvd., Ste. 223, Fairfax, Virginia 22030						
	· · · ·				Check the box to indicate an attach	ment	
8. (b) The names and re of the state or country of			incipal offic	cers (mandato	ory if directors are not required under th	e laws	
OFFICE		NAME			ADDRESS		
PRESIDENT Roby Luna				10201 Fairfax Blvd., Ste. 223, Fairfax, Virginia 22030			
VICE PRESIDENT Anthony Riv		era, CEO		10201 Fairfax Blvd., Ste. 223, Fairfax, Virginia 22030			
TREASURER Anthony Riv		'era		10201 Fairfax Blvd., Ste. 223, Fairfax, Virginia 22030			
SECRETARY Anthony Ri		vera		10201 Fairfax Blvd., Ste. 223, Fairfax, Virginia 22030			
· - · ·				Check the box to indicate an attach	iment 📋		
 The aggregate number par value, and series, if 			hority to is	sue; itemized	l by classes, par value of shares, shares	s without	
NUMBER OF SHARES	CLASS			SERIES	PAR VALUE OR STATE NO PAR		
100,000	Common				No par value		
		····					
	·····						
located within this state	during the follo	owing year be	ars to the v	value of all pr	e of the property of the corporation to b roperty of the corporation to be owned d keboot		
the following year, wherever located. (Note: Percentage obtained from worksheet.) 33							
<u> </u>							
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>)							
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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 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				
Roby Luna	9/26/19				
Signature of Authorized Officer of the Corporation					

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State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

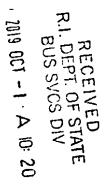
That ARETEC, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is November 3, 2014;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date: September 25, 2019

lerk of the Commission

CISECOM Document Control Number: 1909256367



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:

October 01, 2019 10:20 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

