RI SOS Filing Number: 201923624100 Date: 10/7/2019 1:25:00 PM



## **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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for that purpose submits the following statement:					
1. The name of the corporation is:					
Clockhouse Realty, Inc.					
2. It is incorporated under the laws of: Massach	usetts				
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: 02/23/2017					
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:					
45 Wamsutta Road, Somerset, MA 02726					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code <b>02888</b>			

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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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Real Estate.						
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):				ADDRESS		
NAME		ADDRESS				
James Scott Velozo		45 Wamsutta Road, Somerset, MA 02726				
Jared Andrew Phillips		750 Davol Street, Suite 624, Fall River, MA 02720				
				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	James Scott Velozo		45 Wamsutta Road, Somerset, MA 02726			
VICE PRESIDENT	Jared Andrew Phillips		750 Davol Street, Suite 624, Fall River, MA 02720			
TREASURER	Jared Andrew Phillips		750 Davol Street, Suite 624, Fall River, MA 02720			
SECRETARY	James Scott Velozo		45 Wamsutta Road, Somerset, MA 02726			
			•	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	CLAS	CLASS		PAR VALUE OR STATE NO PAR VALUE		
275,000	CNP			0.00		
	-					
10 10 10 10 10 10 10 10 10 10 10 10 10 1						
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.)						
<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. (Note: Percentage obtained from worksheet.)						
10 %						

12. This application must be accompanied by a <u>Certificate of Goo</u> formation dated within 60 days of the date of this filing.	ed Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHEC	K ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	m the date of filing)
Under penalty of perjury, I declare and affirm that I have examine accompanying attachments, and that all statements contained he	
Type or Print Name of Authorized Officer	Date
Jared Phillips	10/03/19
Signature of Authorized Officer of the Corporation	NT HERE



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

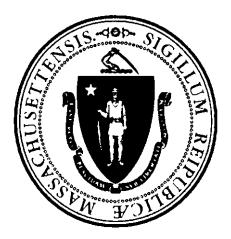
Date: October 02, 2019

To Whom It May Concern:

I hereby certify that according to the records of this office.

## CLOCKHOUSE REALTY, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travero Galecin

Certificate Number: 19100052610

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by:

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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 07, 2019 01:25 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

