



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

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 CORPORATIONS DIV.  
 2020 JAN 10 AM 11:35

**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: <input type="radio"/> <b>C.T. Male Associates Engineering, Surveying, Architecture, Landscape Architecture &amp; Geology, D.P.C.</b>		
2. It is incorporated under the laws of: <input type="radio"/> <b>New York</b>		
3. The name, if different, which it elects to use in Rhode Island is: <input type="radio"/> <p>(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: <input type="radio"/> <b>C.T. Male Associates Engineering, Surveying, Architecture, Landscape Architecture &amp; Geology P.C.</b></p> <p>(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: <input type="radio"/></p>		
4. The date of its incorporation is: <input type="radio"/> <b>December 20, 1971</b>		
And the period of its duration is: CHECK ONE BOX ONLY <input type="radio"/> <p><input checked="" type="checkbox"/> Perpetual (on-going)</p> <p><input type="checkbox"/> Date certain for dissolution _____</p>		
5. The address of its principal offices: <input type="radio"/> <b>50 Century Hill Drive Latham, NY 12110</b>		
6. The name and address of the initial registered agent/office in Rhode Island: <input type="radio"/>		
Agent Name <b>C T Corporation System</b>		
Street Address (NOT a P.O. Box) <b>450 Veterans Memorial Parkway, Suite 7A</b>		
City/Town <b>East Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02914</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

**FILED STAMP**

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FORM 150 - Revised: 12/2017

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

**To provide engineering services in Rhode Island.**

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		
VICE PRESIDENT		
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
20,000	Par Value	-	\$8/share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.)

0.5 %

C.T. MALE ASSOCIATES

**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	Home Address	Role
David W. Roecker	14 Division Street Charlton, NY 12019	President/CEO
Daniel P. Reilly	PO Box 272 Voorheesville, NY 12186	COO
Raymond T. Liuzzo	10 Meadow Rue Place Ballston Spa, NY 12020	Secretary
Charles R. Kortz	100 W. 4 <sup>th</sup> Avenue Johnstown, NY 12095	Director
Michael Sawyer	39 Punsit View Drive Chatham, NY 12037	Director
Francis Palumbo	6 Anyhow Lane Gansevoort, NY 12831	Director
James R. Edwards	25 Marine Drive South Glens Falls, NY 12803	Director

**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):**

David W. Roecker: President/Chief Executive Officer

*same as above*

Daniel P Reilly: Chief Operating Officer/Executive VP

*same as above*

Raymond T. Liuzzo: VP of Survey & Business Management

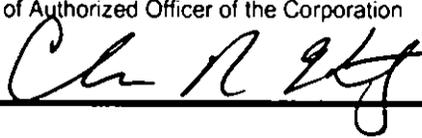
*same as above*

James R. Edwards: VP of Risk Management & Regional Office Development

*same as above*

Charles Kortz: VP of Engineering & Quality

*same as above.*

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: <b>CHECK ONE BOX ONLY</b> ?	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i> ?	
Type or Print Name of Authorized Officer	Date
Charles Kortz	1/9/2020
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE	

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](mailto:corporations@sos.ri.gov).



*State of Rhode Island and Providence Plantations  
Board of Registration for Professional Engineers*



BE IT KNOWN THAT

*C.T. Male Associates Engineering, Surveying, Architecture, Landscape Architecture & Geology, D.P.C.*

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

**Engineering as a  
Corporation**

**Civil**

IN THE STATE OF RHODE ISLAND

Certificate of Authorization No.: 8855

Issued: 12/20/2019

Expires: 06/30/2020

CORPORATIONS DIV  
2020 JAN 10 AM 11:35

*Fabrice H. Walker*

Chairperson

*Fabrice D. Stone*

Secretary

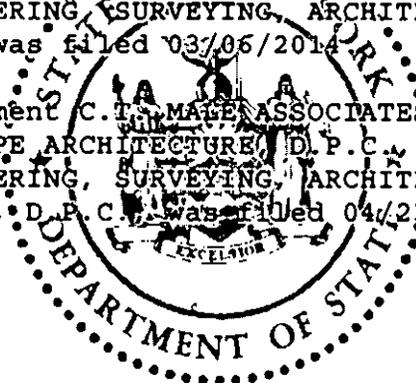
State of New York } ss:  
Department of State

I hereby certify, that the Certificate of Incorporation of C.T. MALE ASSOCIATES ENGINEERING, SURVEYING, ARCHITECTURE, LANDSCAPE ARCHITECTURE & GEOLOGY, D.P.C. was filed on 12/20/1971, under the name of C. T. MALE ASSOCIATES, P. C., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment C. T. MALE ASSOCIATES, P. C., changing its name to C.T. MALE ASSOCIATES ENGINEERING, SURVEYING, ARCHITECTURE & LANDSCAPE ARCHITECTURE, P.C., was filed 06/28/2011.

A Certificate of Amendment C.T. MALE ASSOCIATES ENGINEERING, SURVEYING, ARCHITECTURE & LANDSCAPE ARCHITECTURE, P.C., changing its name to C.T. MALE ASSOCIATES ENGINEERING, SURVEYING, ARCHITECTURE & LANDSCAPE ARCHITECTURE, D.P.C., was filed 03/06/2014.

A Certificate of Amendment C.T. MALE ASSOCIATES ENGINEERING, SURVEYING, ARCHITECTURE & LANDSCAPE ARCHITECTURE, D.P.C., changing its name to C.T. MALE ASSOCIATES ENGINEERING, SURVEYING, ARCHITECTURE, LANDSCAPE ARCHITECTURE & GEOLOGY, D.P.C. was filed 04/23/2018.



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DEPARTMENT OF STATE  
CORPORATIONS DIV

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 03rd day of January two thousand and twenty.

*Brendan C Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State



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:

January 10, 2020 11:35 AM

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

Nellie M. Gorbea  
*Secretary of State*

