

Filing fee: \$150.00
License fee: \$15.00 minimum
(Section 7-1.1-124)

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RI 02903

81948

Corp. I.D. # 04-3217915

NOV 13 1994

RC # 55 132670

APPLICATION FOR
CERTIFICATE OF AUTHORITY
OF

Allied Consulting Engineering Services, Inc.

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned 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:

FIRST: The name of the corporation is Allied Consulting
Engineering Services, Inc.

SECOND: The name which it elects to use in Rhode Island is same
Allied Consulting Engineering Services, Inc.

(If the name of the corporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto for use in Rhode Island;)

THIRD: It is incorporated under the laws of the Commonwealth of Massachusetts

FOURTH: The date of its incorporation is Jan. 2, 1994 and the period
of its duration is perpetual

FIFTH: The address of its principal office in the state or country under the laws of
which it is incorporated is 111 Beach St., Boston, MA 02111

SIXTH: The address of its proposed registered office in Rhode Island is
571 Pocasset Ct., Warwick, and the name of its proposed registered agent in
Rhode Island at that address is Albert Miller


Signature

SEVENTH: The purpose or purposes which it proposes to pursue in the transaction of
business in Rhode Island are : Consulting Engineering and Design Services

EIGHTH: The names and respective addresses of its directors and officers are:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Michael Zimmerman	Director	425 Brook St., Framingham, MA 01701
Cheryl Zimmerman	Director	" " " "
Susan Cronis	Director	21 Maguire St., Methuen, MA 01844
Loucas Cronis	Director	" " " "
Michael Zimmerman	President	
Loucas Cronis	Vice President	
Cheryl Zimmerman	Secretary Clerk	
Cheryl Zimmerman	Treasurer	

NINTH: 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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200,000	Common	N/A	Shares are without par value

TENTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
600	Common	N/A	Without par value

ELEVENTH: An estimate of the value of all property to be owned by it for the following year, wherever located, is \$ 30,000.

TWELFTH: An estimate of the value of its property to be located within Rhode Island during such year is \$ 5,000.

THIRTEENTH: An estimate of the gross amount of business to be transacted by it during such year is \$ 250,000.

FOURTEENTH: An estimate of the gross amount of business to be transacted by it at or from places of business in Rhode Island during such year is \$ 38,000.

FIFTEENTH: This Application is accompanied by a copy of its articles of incorporation and all amendments thereto, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated November 15, 1994 Allied Consulting Engineering Services, Inc
[Exact Corporate Name of Corporation Making Application]

By [Signature]
Its President
and Charles M. Zimmerman
Its Secretary

STATE OF Massachusetts }
COUNTY OF Suffolk } Sc.

At Allied Consulting Engineering Services, Inc in said County on the 15th day of November 1994, before me personally appeared Michael Zimmerman, who being by me first duly sworn, declared that he is the President of Allied Consulting Engineering Services, Inc. that he signed the foregoing document as such President of the corporation, and that the statements therein contained are true.

Susan M. Cronis
Notary Public
my commission
expires Aug 5, 1999

(NOTARIAL SEAL)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
CHARLES ORMS BUILDING
10 Orms Street
Suite 324
Providence, R.I. 02904-2228
(401) 277-2565

28 September 1994

ALLIED CONSULTING ENGINEERING SERVICES, INC.
393 WORCESTER ROAD
FRAMINGHAM MA 01701

Dear Sir/Madam:

Your application for issuance of a Certificate of Authorization has been reviewed and approved by the Rhode Island Board of Registration for Professional Engineers at their meeting of 21 September 1994. In accordance with the procedures adopted by this Board, you are requested to provide the following information upon receipt of which the Board will issue your Certificate of Authorization.

The document requested by the Board is a Certificate of Good Standing, issued by the Rhode Island Secretary of State's Office, indicating that at the present time your corporate entity is in good standing insofar as registration procedures required by the Secretary of State's Office. The Board is requesting that the original certificate of such notice be provided to wit prior to the issuance of a Certificate of Authorization by this Board.

As has been indicated, upon receipt of this document, the Board will issue your Certificate of Authorization. If you have any questions, please feel free to contact this Board through its secretary or legal counsel.

You can contact the Secretary of State's Office by calling (401) 277-3040. Ask for corporations and explain you need the necessary papers to become registered in the State of Rhode Island.

Very truly yours,

Raymond J. Marshall
Secretary

RJM/fm

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

10/26/94

PRODUCER

ROLLINS HUDIG HALL OF MA. INC.
99 HIGH STREET
BOSTON, MA 02110-3271

617-482-3100

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	CONTINENTAL CASUALTY COMPANY
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

ALLIED CONSULTING ENGINEERING SERVICES, INC.
111 BEACH STREET
BOSTON
MA 02111

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

OS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
A	OTHER A/E PROFESSIONAL LIABILITY	AAE 00-609-55-85	12/02/93	12/02/94	\$1,000,000 LIMIT PER CLAIM & IN THE ANNUAL AGGREGATE.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

COVERAGE INCREASED TO \$1,000,000 EFFECTIVE 10/21/94.

CERTIFICATE HOLDER

INFORMATIONAL PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

[Signature]

390650000

151945

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF ORGANIZATION

GENERAL LAWS, CHAPTER 156B, SECTION 12

1994 JAN -5 PM 12:35

I hereby certify that, upon an examination of these articles of organization, duly submitted to me, it appears that the provisions of the General Laws relative to the organization of corporations have been complied with, and I hereby approve said articles; and the filing fee in the amount of \$ 200 having been paid, said articles are deemed to have been filed with me this 5TH 1994 day of JANUARY

Effective date

Michael Joseph Connolly

MICHAEL JOSEPH CONNOLLY
Secretary of State

FILING FEE: 1/10 of 1% of the total amount of the authorized capital stock, but not less than \$200.00. For the purpose of filing, shares of stock with a par value less than one dollar or no par stock shall be deemed to have a par value of one dollar per share.

PHOTOCOPY OF ARTICLES OF ORGANIZATION TO BE SENT

ATTORNEY PHILIP A. JENKS
POST OFFICE BOX 15
SOUTHBOROUGH, MA 01772

Telephone: 508 481-3798

A TRUE COPY ATTEST
Michael J. Connolly
MICHAEL J. CONNOLLY
SECRETARY OF STATE
DATE 10/19/94 CLERK *[Signature]*