RI SOS Filing Number: 202033248840 Date: 1/28/2020 12:36:00 PM\



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

State

RHODE ISLAND

Application for Certificate of Authority OREIGN Business Corporation → Filing Fee: \$310.00 minimum
→ Filing Fee: \$310.00 minimum
rursuant to the provisions of RIGL <u>7-1.2-1405</u> , the undersigned foreign corporation hereby pplies for a Certificate of Authority to transact business in the State of Rhode Island, and critical purpose submits the following statement:
1. The name of the corporation is: Wirk A Art Builders Inc.
2. It is incorporated under the laws of: MH
3. The name, if different, which it elects to use in Rhode Island is:
"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: $4-29-05$ —
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: 194 W Harth of and Vibridge MA 01569
6 The name and address of the initial registered agent/office in Rhode Island:
Agent Name Clive 222 Jetush Blud Quantity Contraction
Street Address (NOT a P.O. Box)

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

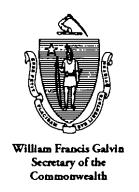
Phone: (401) 222-3040 Website: www.sos.ri.gov

Zip Code

JAN 2 8 2020.

	ses which it proposes to pursue in the		ness in Rhode Island are: - Rincally		
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					
Arthur Poisson 1694 W Hartful are Osbridge MA				,	
			01567		
			eck the box to indicate an attachment		
of the state or country of	f which it is incorporated):	fficers (mandatory if o	lirectors are not required under the laws		
OFFICE	NAME		ADDRESS		
PRESIDENT	ather Poisson	694WH	art fred and Usbright		
VICE PRESIDENT	, , , , , , , , , , , , , , , , , , , ,			01567	
TREASURER	attur Poisson	694W H	out feel aw book	HH	
SECRETARY	april Poisson	11		01567	
<u> </u>			heck the box to indicate an attachment		
The aggregate number par value, and series, if			asses, par value of shares, shares without		
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
20,000	<u>Cormon</u>				
 					
					
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.)					
			·y		
at or from places of bus	siness in Rhode Island during the folk pration during the following year. (Not	owing year compared	ness to be transacted by the corporation to the gross amount thereof which will be ed from worksheet.)		
<u> </u>)				

12. This application must be accompanied by a <u>Certificate of Good Standing/Lett</u> formation dated within 60 days of the date of this filing.	er of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX OF	NLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date of fil	ing)
Under penalty of perjury, I declare and affirm that I have examined this Application accompanying attachments, and that all statements contained herein are true and	
Type or Print Name of Authorized Officer	Date
Arthu Pousson	Dec 27,19
Signature of Authorized Officer of the Corporation	
ash for sign document here	



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: December 26, 2019

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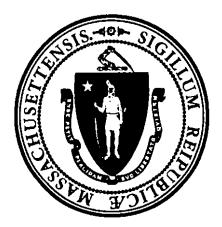
CORPORATIONS DIV

To Whom It May Concern:

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

WORK OF ART BUILDERS, 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 Travin Galein

Certificate Number: 19120605330

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:

January 28, 2020 12:36 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

