(b) If the corporate name is not available in Rhod corporation will qualify and transact business in R filed with this application	e Island, than set forth below th those island as stated in the "Fi	o fictilious name unde Stitious Rueine in Man	r which the	
(b) If the comments within to use in Hinds island		erhonenost Augu Túto 🕷	origh of one of	(the)
(a) if the name of the corporation in its jurisdiction "incorporated", or "limited," or an abbreviation the above corporate endings for use in Rhode Island		ain the word "corpora opporation with the ev	Bon", "company	
3. The name, if different, which it elects to the in				
2. It is incorporated under the laws of				
BAGLE ASSOCIATES, INC.				
1. The name of the corporation is:		-,	L	
to une purpose submits the following statements	Heiness in the State of Rhode Is	land, and	L	1
epplies for a Certificate of Authority to transact b for their purpose submits the following atstement	Lighters in the State of Rhode is	ion hereby land. and	1	-
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Pursuant to the provisions of RIGL 7-1.2-1405, to applies for a Certificate of Authority to transact be	he undersigned foreign corporation	on hereby		4
Pursuant to the provisions of RIGL 7-1.2-1405, t	he undersigned foreinn command	lost boombure		
Pursuant to the provisions of RIGL 7-1.2-1405. I	he undersigned formation and	· ·		
Pursuant to the provisions of RIGL 7-1.2-1405 H	he undersigned to the state	· ·		PH12: 14
Pursuant to the provisions of RIGL 7-1.2-1405. I	he undersigned forster at			
spolice for a Certificate of Authority to transact h	he undersigned foreign corporation	on hereby		4
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BAGLE ASSOCIATES, INC.				
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2. It is incorporated under the laws of:				1
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oorporation will qualify and transact business in R filed with this application:	the stand of the set forth below the stand as stated in the "Fi	e fictilious name unde Stitious Busineiss Nan	er which the ne Statament" tr	obe
				
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hd the period of its duration is: 1973 K Perpetual (on-going) Data certain for dissolution		HIRE		
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and of country of W	hich it is incorporated):	ctors (optional, unless directors are required under the laws of the	
NAME		ADDRESS	
(b) The names and	respective addresses of its princi	Check the box to indicate an attachment pal officers (mandatory if directors are not required under the laws	
OFFICE	of which it is incorporated):	par cincera (manuarory if directors are not required under the law	
PRESIDENT	NAME	ADDRESS	
/ICE PRESIDENT	KEVIN B. MCALARY	66 MERRIMACK ROAD, AMHERST NH 03031	
	1		
TREASURER	SUSAN MCALARY	66 MED DD (4 0% D = 10)	
SECRETARY	KATHLEEN KOHNOWICH	66 MERRIMACK ROAD, AMHERST NH 03031 24 BROWN ROAD SOUTH, SUTTON NH 03221	
he aggregate numb	ar of shares which it has authority	Check the box to indicate an ettachment vito issue; itemized by classes, par value of shares, shares without	
UMBER OF SHARES	any, within a class, is:	the states without of causes, par value of shares, shares without	
	CLASS COMMON	SERIES PARVALUE OR COLOR	
1 estimale, as a per	contago, of the proportion that the	e estimated value of the property of the corporation to be	
iowing year, where,	uring the following year bears to the ver located. (Note: Percentage ob	e estimated value of the property of the corporation to be the value of all property of the corporation to be owned during tiel/hed from worksheet.)	
<u> </u>			

Range - 1016-2018 Walters Allewer Online

FORM 150 - Revised: 12/2017 -

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12 The application must be accompanied by a	
formation data durbit on t	Genuicole of Good Standing/ after of Status from the state
formation dated within 60 days of the date of thi	Certificate of Good Standing/Letter of Status from the state or country of
	is initig.

13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY

X Date received (Upon filing)

12 This seattent

Later effective date (Date must be no more than 80 days from the date of filing)_

Under penalty of perjury, I declare and effirm 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

KATHLEEN KOHNOWICH

01/31/20

Date

4

Signature of Authorized Officer of the Corporation

Karklen Cardigenopoument Hike

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.

FORM 150 - Revised: 12/2017 - -

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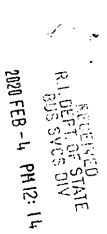
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State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that EAGLE ASSOCIATES, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on May 17, 1973. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 8358 Certificate Number: 0004795299





IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 3rd day of February A.D. 2020.

William M. Gardner 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:

February 04, 2020 12:14 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

