

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 FEB 26 P 12:19

FOREIGN Business Corporation

Pursuant to the provisions of RIGL 7-1.2-1411, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

[illegible]

Website: www.sos.ri.gov

FILED

FEB 26 2020

BY CH 8P54D
12.19

FORM 151 - Revised 12/2017

8. If there has been an increase in the authorized shares of the corporation complete the following section:

***List ALL authorized shares as of this amendment.**

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,029	Common		\$1.00
100	Non-Voting Preferred	Series A	\$1.00

Check the box to indicate an attachment ☐

Check box to indicate no change ☐

8a. 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.)

.0778 %

8b. 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.)

.3687 %

9. As required by RIGL 7-1.2-105, the corporation has paid all fees and taxes.

10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

11. Date when the Amended Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Officer of the Corporation

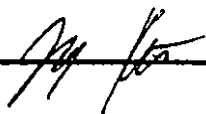
Jack R. Kanter, Assistant Secretary

Date

02/25/2020

Signature of Authorized Officer

SIGN DOCUMENT HERE





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 26, 2020 12:19 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

