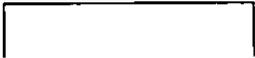




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



**Application for Certificate of Authority**  
 FOREIGN Business Corporation

**STAMP**

→ 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"/> AAPCO Southeast Inc.		
2. It is incorporated under the laws of: <input type="radio"/> North Carolina		
3. The name, if different, which it elects to use in Rhode Island is: <input type="radio"/> (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) 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"/>		
4. The date of its incorporation is: <input type="radio"/> November 1994 And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input type="radio"/> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <input type="radio"/> 506 Webb Rd., Concord, NC 28025		
6. The name and address of the initial registered agent/office in Rhode Island: <input type="radio"/> Agent Name C T Corporation System Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A, City/Town East Providence, State <b>RHODE ISLAND</b> Zip Code 02914		

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 BUS SVCS DIV  
 2020 APR 10 PM 12:57

**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**  
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 BY *me* 64233  
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

General Contractor - Roofing, Painting, Siding and Windows

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	Richard S Dobner	506 Webb Rd., Concord, NC 28025
VICE PRESIDENT		
TREASURER	Stephanie Dobner	506 Webb Rd., Concord, NC 28025
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
5000	A VOT COMMON		\$10
5000	B NON VOT COM		\$10

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.)

1 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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: **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 Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.* 🌐

Type or Print Name of Authorized Officer

Richard S Dobner

Date

4/7/2020

Signature of Authorized Officer of the Corporation

*Richard S Dobner*

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).

FORM 150 - Revised 12/2017



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### AAPCO SOUTHEAST, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of November, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of April, 2020.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.



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:

April 10, 2020 12:57 PM

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

Nellie M. Gorbea  
*Secretary of State*

