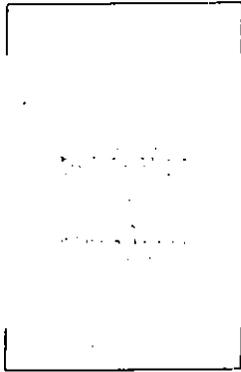




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



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

→ 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: <b>Skumatz Economic Research Associates, Inc.</b>		
2. It is incorporated under the laws of: <b>The State of Washington</b>		
3. The name, if different, which it elects to use in Rhode Island is:  (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:  (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: <b>March 2nd, 1995</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>P.O. Box 23, 346 Shag Rock Lane, Orcas WA 98280</b>		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <b>Registered Agents, Inc</b>		
Street Address (NOT a P.O. Box) <b>47 Wood Ave. Suite 2</b>		
City/Town <b>Barrington</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02806</b>

**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**

MAY 21 2020

*KL GBYB3*  
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  
**Consulting work in Solid Waste / Recycling and Energy Efficiency. Currently SERA has a contract with RI Resource Recovery Corporation**

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	Lisa A. Skumatz	762 Eldorado Dr. Superior CO 80027
VICE PRESIDENT	Lisa A. Skumatz	762 Eldorado Dr. Superior CO 80027
TREASURER	Lisa A. Skumatz	762 Eldorado Dr. Superior CO 80027
SECRETARY	Lisa A. Skumatz	762 Eldorado Dr. Superior CO 80027

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
450	Common	none	\$1

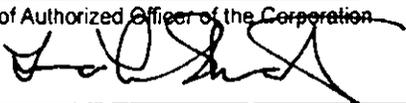
10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained 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.)

0 \_\_\_\_\_ %

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12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Type or Print Name of Authorized Officer <b>Lisa A. Skumatz President/ Principal</b>	Date <b>5/21/20</b>
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE	

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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).

UNITED STATES OF AMERICA

The State of  Washington  
Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SKUMATZ ECONOMIC RESEARCH ASSOCIATES INC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/02/1995.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/21/2020  
UBI Number: 601 609 782



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 05/21/2020

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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:

May 21, 2020 03:23 AM

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*

