



RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 MAY 27 AM 8:33

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 <input type="radio"/> VA HEATING AND COOLING INC		
2. It is incorporated under the laws of: <input type="radio"/> New Jersey		
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"/> 08/10/2005		
And the period of its duration is: CHECK ONE BOX ONLY <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"/> 788 WRIGHT DEBOW ROAD, JACKSON NJ 08527		
6. The name and address of the initial registered agent/office in Rhode Island: <input type="radio"/>		
Agent Name Registered Agents Inc		
Street Address (NOT a P.O. Box)		47 Wood Ave
City/Town	State	Zip Code
Barrington	RHODE ISLAND	02806

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 27 2020

BY **40455**

A.A. 8:33AM

FORM 150 Revised 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
 Installation of HVAC equipment

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	Vidmantas Tuleikis	788 Wright Debow Road, Jackson NJ 08527
VICE PRESIDENT		
TREASURER		
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
500			0

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.)

30 %

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. (b)

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

Date received (Upon filing)

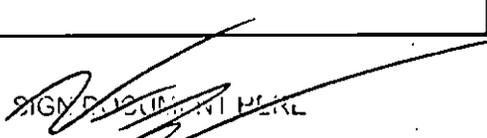
Later effective date (Date must be no more than 90 days from the date of filing) _____

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. (b)

Type or Print Name of Authorized Officer
VIDMANTAS TULEIKIS

Date
04/16/2020

Signature of Authorized Officer of the Corporation


SIGN DOCUMENT HERE

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

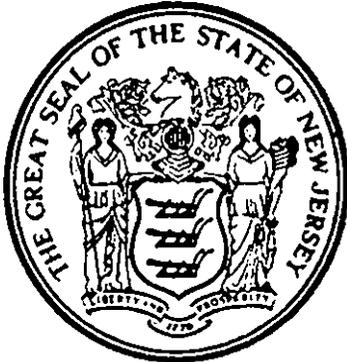
**VA HEATING AND COOLING INC
0400101212**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 10, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*VIDMANTAS TULEIKIS
788 WRIGHT DEBOW ROAD
JACKSON, NJ 08527-5426*



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of May, 2020

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number . 2480494336

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAY 27 AM 8:33