



RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 JUN 18 PM 12:21

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: Custom Millwork and Design Group, Inc		
2. It is incorporated under the laws of: Connecticut		
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: JUNE 25, 2017		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 607 Bantam Rd, Bantam CT 06750		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Rhode Island Builders Association, Inc.		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway #301		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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
 JUN 18 2020
 KL LEONIS
 12:21

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

provide manufactured casework, millwork, trim and installation as a sub-contractor to contractors building or repairing medium or large scale construction projects.

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
Matthew D Fenn	153 Town Line Hwy, Watertown, CT 06795
Gary Fenn, Jr	12 Dresden Cir, Goshen, CT 06756
Fred Erik Nilsen	1626 Weed Rd, Torrington, CT 06790

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	Matthew Fenn	153 Town Line Hwy, Watertown, CT 06795
VICE PRESIDENT		
TREASURER		
SECRETARY	Gary Fenn	12 Dresden Cir, Goshen, CT 06756

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
1,000	N/A	N/A	\$1.00
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.)

10 _____ %

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

Matthew Fenn

Date

06/15/2020

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

CUSTOM MILLWORK & DESIGN GROUP INC.

a domestic STOCK corporation, was filed in this office on July 25, 2017, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of The State of Connecticut

Date Issued: May 06, 2020

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 JUN 18 PM 12: 22