



State of Rhode Island

Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 SEP 10 PM 12:32

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of R.I.G.L. 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:	ADEP Group, INC.	
2. It is incorporated under the laws of:	New Hampshire	
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:	9/26/2013	
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:	1 Doyle Street, Lawrence, MA 01841	
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name	Registered Agents, INC.	
Street Address (NOT a P.O. Box)	One Richmond Square, Suite 125B	
City/Town	State	Zip Code
Providence	RHODE ISLAND	02906

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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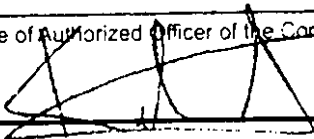
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SEP 10 2020

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FORM 150 - Revised: 09/2020

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Obtain our Asbestos Abatement Contractors License, become registered with the Rhode Island board. Our purpose is to remediate/abate hazardous asbestos containing materials from residential and commercial properties in Rhode Island.			
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 <input type="checkbox"/>	
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	Kelvin Severino		13 Harley Lane, Salem, NH 03079
VICE PRESIDENT	Kelvin Severino		13 Harley Lane, Salem, NH 03079
TREASURER	Kelvin Severino		13 Harley Lane, Salem, NH 03079
SECRETARY	Kelvin Severino		13 Harley Lane, Salem, NH 03079
		Check the box to indicate an attachment <input type="checkbox"/>	
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
100	N.H.		NO PAR VALUE
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.)			
8 _____ %			

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	
<input checked="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 Kelvin Severino	Date 9/10/2020
Signature of Authorized Officer of the Corporation 	

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.

FORM 100 Revised: 05/2020

State of New Hampshire
Department of State

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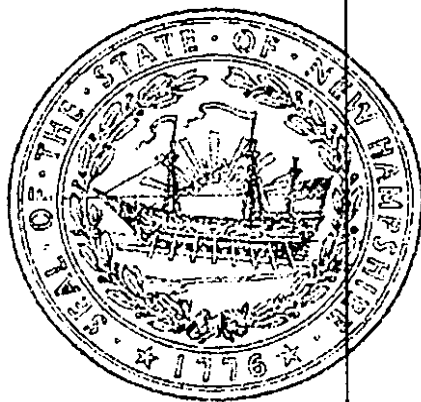
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CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ADEP GROUP, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on September 26, 2013. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 698158

Certificate Number: 0004990913



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of September A.D. 2020

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



State of Rhode Island

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,
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:

September 10, 2020 12:32 PM

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

Nellie M. Gorbea
Secretary of State

