

Filing Fee \$150.00

ID Number: 100780



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

ORIGINAL ARTICLES OF INCORPORATION

The undersigned acting as incorporator(s) of a corporation under Chapter 7-1.1 of the General Laws, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is A & K Engineering INC.

(This is a close corporation pursuant to § 7-1.1-51 of the General Laws, 1956, as amended) (strike if inapplicable)

2. The period of its duration is (if perpetual, so state) PERPETUAL

3. The specific purpose or purposes for which the corporation is organized are:

TO PROVIDE PROFESSIONAL ENGINEERING SERVICES AND TO ENGAGE IN AND TRANSACT ANY AND
ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE RHODE ISLAND
BUSINESS CORPORATION ACT.

4. The aggregate number of shares which the corporation shall have authority to issue is:

(a) If only one class: Total number of shares 8,000 (If the authorized shares are to consist of one class only state the par value of such shares or a statement that all of such shares are to be without par value.): NO PAR VALUE.

SAID SHARES OF THIS SMALL BUSINESS ARE TO BE KNOWN AS SECTION 1244 STOCK.

or

(b) If more than one class: Total number of shares _____ (State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value, and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of Chapter 7-1.1 of the General Laws in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.):

5. Provisions (if any) dealing with the preemptive right of shareholders pursuant to § 7-1.1-24 of the General Laws, 1956, as amended:

NONE

6. Provisions (if any) for the regulation of the internal affairs of the corporation:

NONE

7. The address of the initial registered office of the corporation is 1184 ATWOOD AVENUE

JOHNSTON

RI

02919

(Street)

(City/Town)

(Zip Code)

and the name of its initial registered agent at such address is

FRANK J. MANNI, ESQUIRE

8. The number of directors constituting the initial board of directors of the corporation is 0 and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are: (If this is a close corporation pursuant to Section 7-1.1-51 of the General Laws 1956, as amended, and there shall be no board of directors, state the titles of the initial officers of the corporation and the names and addresses of the persons who are to serve as officers until the first annual meeting of shareholders or until their successors be elected and qualify.)

| Title | Name | Address |
|----------------|-------------------|--------------------------------------|
| PRESIDENT | OMESH KUMAR, P.E. | 78 AMANDA STREET, CRANSTON, RI 02920 |
| VICE PRESIDENT | OMESH KUMAR, P.E. | 78 AMANDA STREET, CRANSTON, RI 02920 |
| SECRETARY | OMESH KUMAR, P.E. | 78 AMANDA STREET, CRANSTON, RI 02920 |
| TREASURER | OMESH KUMAR, P.E. | 78 AMANDA STREET, CRANSTON, RI 02920 |

9. The name and address of each incorporator is:

| Name | Address |
|-------------------|--------------------------------------|
| OMESH KUMAR, P.E. | 78 AMANDA STREET, CRANSTON, RI 02920 |
| | |
| | |

10. Date when corporate existence to begin: IMMEDIATELY
(not more than 30 days after filing of these articles of incorporation)

Dated APRIL 13, 19 98

FILED

MAY 26 1998

Omish Kumar, P.E.

Signature of each Incorporator

STATE OF Rhode Island
COUNTY OF Providence

By [Signature] 204332

In Johnston, on this 13th day of April, 19 98, personally appeared before me Omish Kumar

each and all known to me and known by me to be the parties executing the foregoing instrument, and they severally acknowledged said instrument by them subscribed to be their free act and deed.

RECEIVED
NOTARY PUBLIC
STATE OF RHODE ISLAND

Frank Joseph Manni
Notary Public
My Commission Expires: 7/27/2001



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

CHARLES ORMS BUILDING
10 Orms Street
Suite 324
Providence, R.I. 02904-2228
(401) 277-2565

20 May 1998

A & K ENGINEERING, INC.

OMESH KUMAR
78 AMANDA STREET
CRANSTON, RI 02920

Dear Sir/Madam:

Every annual application for Certificate of Authorization to practice must be approved by the Secretary of State. In the first year, said approval must be accompanied by a Certificate of Authorization. On subsequent years, renewals must be accompanied by a Certificate of Good Standing from the Secretary of State's office.

Your request for issuance of a Certificate of Authorization has been reviewed and approved by the Rhode Island Board of Registration for Professional Engineers at their meeting of 20 May 1998. In accordance with the procedures adopted by this Board, you are requested to provide the following information.

The document requested by the Board is a CERTIFICATE OF GOOD STANDING, not Certificate of Authority, issued by the Rhode Island Secretary of State's Office, indicating that at the present time your corporate entity is in good standing insofar as registration procedures required by the Secretary of State's Office. The Board is requesting that the **original certificate of such notice be provided within 60 days. A copy of this letter must accompany your certificate of authority application, along with the required fee for a certificate of good standing, to the Secretary of State's office.**

You can contact the Secretary of State's Office by calling (401) 222-3040. Ask for corporations and explain you need the necessary papers to become registered in the State of Rhode Island.

Upon receipt of this CERTIFICATE OF GOOD STANDING, the Board will issue your Certificate of Authorization. If you have any questions, please feel free to contact this Board through its secretary or legal counsel.

Please be advised that until receipt of this CERTIFICATE OF GOOD STANDING your application is considered incomplete and you are not authorized to practice engineering in the state of Rhode Island.

Very truly yours,

L. Robert Smith
Secretary

LRS/im

RG, HV 65 01 32 AM

RECEIVED
STATE OF RHODE ISLAND
OFFICE OF THE SECRETARY OF STATE
MAY 20 1998

| C E R T I F I C A T E O F I N S U R A N C E | | | | DATE 4/20/98 (MM/DD/YY) | |
|--|---|---|--|--------------------------------------|--|
| PRODUCER | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | |
| INSURANCE HOUSE INC. 386 WARREN AVENUE EAST PROVIDENCE RI 02914- | | COMPANIES AFFORDING COVERAGE | | | |
| | | COMPANY A UNDERWRITERS AT Lloyds of London | | | |
| | | COMPANY B GENERALI, U S BRANCH | | | |
| INSURED | | COMPANY C | | | |
| A & K ENGINEERING INC. 73 AMANDA STREET CRANSTON, RI 02920 | | COMPANY D | | | |
| COVERAGES | | | | | |
| THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | |
| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
| B A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT <input type="checkbox"/> | PENDING 35595 # CO 486832-A | 4/20/98 4/15/98 | 4/20/99 4/15/99 | GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OP AGG \$1,000,000 PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> | | | | COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACCIDENT \$ AGGREGATE \$ |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/ <input type="checkbox"/> INCL EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL | | | | <input type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$ |
| | OTHER | | | | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS | | | | | |
| WASTE WATER MANAGEMENT & PERMIT COMPLIANCE | | | | | |
| CERTIFICATE HOLDER | | | CANCELLATION | | |
| ATT: MR JAMES WILSON THE STOP & SHOP SUPERMARKET P.O. BOX 1942 BOSTON, MA. 02105 | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. | | |
| | | | AUTHORIZED REPRESENTATIVE | | |
| | | | Edgar Hebert | | |