4

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2020 NOV 12 P 12: 06



## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum				
Pursuant to the provisions of RIGL 7-1.2-14 applies for a Certificate of Authority to trans or that purpose submits the following states	105, the undersigned foreign corporation hereby act business in the State of Rhode Island, and ment:			
1. The name of the corporation is:				
Abbey Richmond Rental Serv	ice, Inc.			
2. it is incorporated under the laws of:	tate 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 juris "incorporated", or "ilmited," or an abbreviat above corporate endings for use in Rhode	sdiction of incorporation does not contain the word "corporation", "company", ilon thereof, then list the name of the corporation with the addition of one of the Island:			
(b) If the corporate name is not available in corporation will qualify and transact busine filed with this application:	n Rhode Island, then set forth below the fictitious name under which the ess in Rhode Island as stated in the "Fictitious Business Name Statement" to be			
4. The date of its incorporation is:	June 26, 1978			
And the period of its duration is: CHECK (  Perpetual (on-going)	ONE BOX ONLY			
Date certain for dissolution				
	158 Commerce Drive Fairfield, CT 06825			
6. The name and address of the initial regi	stered agent/office in Rhode Island:			
Agent Name Parasearch, Inc				
Street Address (NOT a P.O. Box)	ion Blud, Ste 200			
City/Town Warwick	State RHODE ISLAND Zip Code 02888			

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.rt.gov FILED

NOV 1 2 2020

BYCH WAABB

FORM 150 - Revised: 08/2020

12:06

7. The purpose or purpo	ses which it pr	roposes to pursue in the	transaction of bus	iness in Rho	de Island are:		
Any and all	activiti	es pertaining	to the re	ntal and	d set up	of tents	
and party eq	nipment.						
8. (a) The names and re state or country of which	spective addre	esses of its directors (opated):	otional, unless direc	tors are requ	ulred under the l	aws of the	
NAME			ADD	RESS			
George Peter Szondy		158 Commerce I	158 Commerce Drive, Fairfield, CT 06825				
	1						
				to all the boy	1 - J1 - J2 - AA AA A	·· ·	
8. (b) The names and re	snective addre	esses of its principal offi			to indicate an at		
of the state or country of	f which it is inc	corporated):	Sels (Illiandatory ii .	ulibuois arc	not required sing	Jel ma mas	
OFFICE		NAME		ADDF	RESS		
PRESIDENT	George Pe	eter Szondy	158 Commerce	e Drive,	Fairfield,	CT 06825	
VICE PRESIDENT							
TREASURER				·			
SECRETARY	Matthew Er	ric Szondy	158 Commerce	e Drive,	Fairfield,	CT 06825	
					x to indicate an a		
<ol><li>The aggregate number par value, and series, if</li></ol>	er of shares wheany, within a c	ich it has authority to Is lass, is:	sue; Itemized by cla	asses, par va	alue of shares, s	hares without	
NUMBER OF SHARES	CLAS	3	SERIES	PAR VAI	PAR VALUE OR STATE NO PAR VALUE		
2500	comm	non		no pa	ar value		
2500	preferre	preferred		\$100	\$100.00		
	<del></del>						
10. An estimate, as a pe	ercentage, of t	the proportion that the es	stimated value of ti	he property c	of the comoration	o to be	
located within this state the following year, when	during the follo	owing year bears to the	value of all property	y of the corpo	pration to be own	ned during	
at or from places of busi	iness in Rhode	the proportion of the gro slatend during the follow the following year. (Note:	ving year compared	d to the gross	s amount thereof	corporation f which will be	
1.7%		a manning Jamir harrer	r broomago opia	ou nom non	(Snoot.)		

12. This application must be accompanied by a <u>Certificate of Good State</u> formation dated within 60 days of the date of this filing.	inding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ON	E 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 accompanying attachments, and that all statements contained herein a	Application for Certificate of Authority, including any are true and correct.
Type or Print Name of Authorized Officer	Date
George Peter Szondy	November $I_C$ , 2020
Signature of Authorized Officer of the Corporation	<u> </u>
And P. Aml	

## 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

## ABBEY RICHMOND RENTAL SERVICE, INC.

a domestic STOCK corporation, was filed in this office on June 26, 1978, 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

in Menk

Date Issued: November 09, 2020

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov

RI SOS Filing Number: 202074536610 Date: 11/12/2020 12:06:00 PM



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:

November 12, 2020 12:06 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

