<b>(33</b> )	State of Rhode Island	
	State of Rhode Island  Department of State - Business Services	Division

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· 2020 NOV 16 P 12: 05

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, 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:

or that purpose submits the following statement.						
The name of the corporation is:						
Vrountas, Ayer & Chandler, P.C.						
2. It is incorporated under the laws of:  New Hampshire						
3. The name, if different, which it elects to use in Rho	ode 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:						
Vrountas, Ayer & Chandler, Professional Corporation						
(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 15, 2012						
And the period of its duration is: CHECK ONE BOX ONLY  Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is:						
250 Commercial Street Suite 4004, Manchester, NH 03101						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name CT Corporation System						
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Suite 7A						
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 12:05
FILED

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FORM 150 - Revised 08:2070

7. The purpose or purpo	oses which it p	roposes to p	ursue in the	transaction o	f business in Rhode Island are:		
The rendering of professional legal services through the general practice of law and to transact any and all lawful activities for which							
such professional corporation may be incorporated under applicable laws.							
8. (a) The names and re state or country of which	•		directors (op	itional, unless	directors are required under the laws of the		
NAME					ADDRESS		
Christopher T. Vrountas		379 River Road, Andover, MA 01810					
Allison C. Ayer		45 Governor Wentworth Road, Amherst, NH 03031					
Adam J. Chandler		2 Wright Lane, Exeter, NH 03833					
		1			Check the box to indicate an attachment		
8. (b) The names and re of the state or country of			orincipal offi	cers (mandato	ory if directors are not required under the laws		
OFFICE		NAME			ADDRESS		
PRESIDENT	Christopher T. Vrountas			379 River Road, Andover, MA 01810			
VICE PRESIDENT	ESIDENT Affison C. Ayer			45 Governor Wentworth Road, Amherst, NH 03031			
TREASURER Allison C. Ay		Ayer		45 Governor Wentworth Road, Amherst, NH 03031			
SECRETARY Adam J. Cl		m J. Chandler		2 Wright Lane, Exeter, NH 03833			
	1			<u>L</u>	Check the box to indicate an attachment		
.9. The aggregate numb par value, and series, if			uthority to is	sue; itemized	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLAS	SS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
12	Common	N/A			No Par Value		
- Common							
<del></del>							
10 An actimate on a n	oroontono of	the proportio	n that the o	atimated value	a of the property of the corporation to be		
	during the follo	owing year b	ears to the	value of all pro	e of the property of the corporation to be operty of the corporation to be owned during asheet.)		
0	0 7 0 1 0 0 0 1 0 0 0 1 1	110.0. 1 0,00.	nago ostan	,00 11 0111 110111			
<u> </u>	1						
11. An estimate as a n	ercentage of	the proportio	on of the arc	oss amount of	business to be transacted by the corporation		
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.)							
<u>0.7</u> %	_	3.	- •	J	•		

12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHEC	CK ONE BOX ONLY
✓ Date received (Upon filling)	
Later effective date (Date must be no more than 90 days from	om the date of filing)
Under penalty of perjury, I declare and affirm that I have examine accompanying attachments, and that all statements contained his	
Type or Print Name of Authorized Officer	Date
Adam J. Chandler	11/11/20
Signature of Authorized Officer of the Corporation	

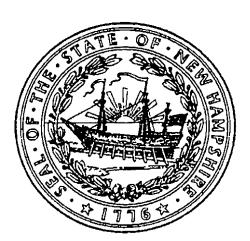
## State of New Hampshire Department of State

## CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that VROUNTAS, AYER & CHANDLER, P.C. is a New Hampshire Professional Profit Corporation registered to transact business in New Hampshire on June 15, 2012. 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: 672887

Certificate Number: 0005037056



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of November A.D. 2020.

William M. Gardner Secretary of State