Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

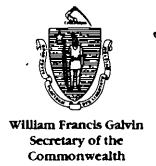
APPLICATION FOR CERTIFICATE OF AUTHORITY

	ration hereby applies for a Collowing statement:	tion 7-1.2-1405 of the Ge artificate of Authority to tra	eneral Laws of Rhode Island, 1956, as amended, ansact business in the State of Rhode Island, and	the undersign for that purpo	ned foreign ise submits
1. Th	e name of the corporation is	Prime Touch	h Services, Inc.		
	s incorporated under the laws				
	e name, if different, which it e				
	a) If the name of the com	oration in its jurisdiction " or an abbreviation then	of incorporation does not contain the word "c eof, then list the name of the corporation with the	orporation," ' 9 addition of	"company," one of the
(b	i) If the corporate name is n qualify and transact busin application:	ot available in Rhode Islan ness in Rhode Island as	nd, then set forth below the fictitious name under w stated in the "Fictitious Business Name Stateme	rhich the corp Int" to be file	oration will d with this
4. The	e date of its incorporation is	January, 1, 3	and the period of its duration isPer	oetu al	
5. The	e address of its principal office	in the state or country un	der the laws of which it is incorporated is		
	6. Huro	Orive No.	tick, MA 01760		
6. The	address of its proposed regi				
	Providence	(Street Address, not P.			
	(City.Town)		and the marine of its proposed registered a	igent in Rhode	e Island at
that	t address is		C T Corporation System	2007	
			(Name of Agent)		77.1
7. The	DUMOSA or numosas which i	t amoosas ta aureus in the	- ·	Z =	
	Pariposes which i	r bioboses to brigge in the	e transaction of business in Rhode Island are:	2	$\frac{2}{2}$
	Property	Services		750	
_				 _	-
					
8. (a)	The names and respective ac	Idresses of its directors (or	ptional unless directors are required under the laws	cof the state	or country
(of which it is incorporated).			, or the state (A COULDS IN
		<u>Name</u>	Addman		•••
D	Director John S		Address		
	Director <u>2017</u>		34 Ballard Street, Newto,	. M 09	459
_	Director				
	Director		FILED	_	
_			JAN 12 2007		
Form No Revised: 1039 - 06/20			By M.	-/9	

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				oal officers (mandatory if direc	ctors are not required under the laws of the					
	state or country of which it is incorporated). Name			Address						
	President Vice President	William E. North John S. Ross		82 South Street	Hollishan, MA 01746					
	Treasurer			34 Ballard Str	ret, Newton, MA 03459					
	Secretary	John S. Ross		34 Ballard Street, Newton, MA 02459						
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: Par Value or Statement that									
	Number of	Shares	<u>Class</u>	<u>Series</u>	Shares are without Par Value					
	137,500		CNP	Voting	Shares are without Par Value					
	137, 500		CNT	100 - 100 Al rag	Shares are without Par Value					
10.	(a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\									
	\$ <u></u> 3,5 <i>0</i> 3	o, oo	- *		Rhode Island during the following year is					
11.	 (c) An estimate, expressed 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, is									
	\$									
	(b) An estimate 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 is \$ 35,000.00									
فهمتم	(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is % [divide (b) by (e) and multiply by 100 to obtain the percentage].									
12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.										
13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90 th day after the date of this filing										
Dat	e:1 5 ₀]	<u> </u>		examined this Application any accompanying attraction are true. Signature of Automatical Signature of Automatical Signature S	orized Officer of the Corporation					
				Type or Print	Name of Authorized Officer					



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

January 8, 2007

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

PRIME TOUCH SERVICES, INC.

is a domestic corporation organized on **January 1, 2007**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Ellian Travino Galecin

Processed By: yl