



State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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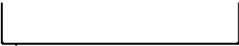
Application for Certificate of Authority

FOREIGN Business Corporation

2021 MAR 12 A 11: 58

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 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: The Bay Crane Companies, Inc.		
2. It is incorporated under the laws of: Delaware		
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: 12/28/2020		
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: 1102 43rd Avenue, Long Island City, New York 11101		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 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.ri.gov

FILED
 MAR 12 2021
 BY *[Signature]* FW170V
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 FORM 150 - Revised: 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Holding Company

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
See attached Rider	

Check the box to indicate an attachment

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	See attached Rider	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment

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
1,000	Class A Common		\$.001
9,000	Class B Common		\$.001

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.)

1 %

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.)

3 %

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**

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 Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Stuart Doloboff, CFO, Treasurer and Assistant Secretary

Date

March 9, 2021

Signature of Authorized Officer of the Corporation



THE BAY CRANE COMPANIES, INC.
RIDER
TO FOREIGN QUALIFICATION APPLICATION

The name and business address of each Director of the Corporation are as follows:

Name	Address
Kenneth Bernardo	1102 43 rd Avenue, Long Island City, New York 11101
Richard Bernardo	1102 43 rd Avenue, Long Island City, New York 11101
Joseph Bernardo Jr.	1102 43 rd Avenue, Long Island City, New York 11101

The name, title and business address of each Officer of the Corporation are as follows:

Name	Title	Address
Kenneth Bernardo	President & CEO	1102 43 rd Avenue Long Island City, New York 11101
Richard Bernardo	Vice President	1102 43 rd Avenue Long Island City, New York 11101
Joseph Bernardo Jr.	Vice President	1102 43 rd Avenue Long Island City, New York 11101
Stuart Doloboff	CFO, Treasurer and Assistant Secretary	1102 43 rd Avenue Long Island City, New York 11101
Philip Bernardo	Secretary	1102 43 rd Avenue Long Island City, New York 11101

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE BAY CRANE COMPANIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE BAY CRANE COMPANIES, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4547715 8300

SR# 20210864283

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202700694

Date: 03-10-21



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:

March 12, 2021 11:58 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

