



State of Rhode Island  
**Department of State - Business Services Division**

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 BUS SVCS DIV  
 2021 JUN 22 P 2:14

**Application for Certificate of Authority**  
 FOREIGN Business Corporation

→ 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 SIH Engineering, P.C.		
2. It is incorporated under the laws of <u>New Jersey</u>		
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 <u>3/26/2003</u>		
And the period of its duration is. <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is. 3700 Route 27, Suite 201, Princeton, NJ 08540		
6. The name and address of the initial registered agent/office in Rhode Island.		
Agent Name <u>TRAC - The Registered Agent Company</u>		
Street Address ( <u>NOT</u> a P.O. Box) <u>222 Jefferson Boulevard, Suite 200</u>		
City/Town <u>Warwick</u>	State <b>RHODE ISLAND</b>	Zip Code <u>02888</u>

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

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*[Handwritten Signature]*

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are  
Provide professional engineering services.

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
S. Jayakumaran	11 Rocky Hill Road, Princeton, NJ 08540

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	S. Jayakumaran	11 Rocky Hill Road, Princeton, NJ 08540
VICE PRESIDENT		
TREASURER	S. Jayakumaran	11 Rocky Hill Road, Princeton, NJ 08540
SECRETARY	S. Jayakumaran	11 Rocky Hill Road, Princeton, NJ 08540

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
20	N/A	N/A	No Par Value

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.)

0 \_\_\_\_\_ %

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.)

2 \_\_\_\_\_ %

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

S. Jayakumaran

Date

4/01/2021

Signature of Authorized Officer of the Corporation

**S. Jayakumaran**

Digitally signed by S. Jayakumaran  
DN: l=Princeton, st=NJ, c=US, o=SJH  
Engineering, P.C., cn=S. Jayakumaran  
Date: 2021.04.01 13:19:14 -0400



*State of Rhode Island*  
*Board of Registration for Professional Engineers*



BE IT KNOWN THAT

***SJH Engineering, PC***

*having given satisfactory evidence of having the  
qualifications required by law is hereby authorized to practice*

**Engineering as a  
Corporation**

**Structural**

**IN THE STATE OF RHODE ISLAND**

Certificate of Authorization No.: 9028

Issued: 04/01/2021

Expires: 06/30/2022

*Patricia K. Walker*

Chairperson

*Patricia D. Steere*

Secretary

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
FILING CERTIFICATE (CERTIFIED COPY)

Corporation Name: SJH ENGINEERING, P.C.  
Business Id: 0100900877  
Certificate Number: 6000144007

I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY, THAT THE ABOVE NAMED BUSINESS DID FILE AND RECORD IN THIS DEPARTMENT AN ORIGINAL CERTIFICATE ON March 26, 2003 AND THAT THE ATTACHED IS A TRUE COPY OF THIS DOCUMENT AS THE SAME IS TAKEN FROM AND COMPARED WITH THE ORIGINAL(S) FILED IN THIS OFFICE AND NOW REMAINING ON FILE AND OF RECORD.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY  
HAND AND AFFIXED MY OFFICIAL SEAL AT  
TRENTON, THIS  
May 07, 2021 A.D.



*Elizabeth Maher Muoio*  
ELIZABETH MAHER MUOIO  
STATE TREASURER

VERIFY THIS CERTIFICATE ONLINE AT  
[http://www.state.nj.us/TYTR\\_StandingsCert/OSP/Verify\\_Cert.jsp](http://www.state.nj.us/TYTR_StandingsCert/OSP/Verify_Cert.jsp)

Mail to: PO Box 308  
Trenton, NJ 08625

STATE OF NEW JERSEY  
DIVISION OF REVENUE

Overnight to: 225 West State St  
3rd Floor  
Trenton, NJ 08608-1001

**PUBLIC RECORDS FILING FOR NEW BUSINESS ENTITY**

Fill out all information below INCLUDING INFORMATION FOR ITEM 11, and sign in the space provided. Please note that once filed, this form constitutes your original certificate of incorporation/formation/registration/authority, and the information contained in the filed form is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

1. Business Name: SJH ENGINEERING, P.C.

2. Type of Business Entity: PA  
(See Instructions for Codes, Page 21, Item 2)

3. Business Purpose: Engineering Services  
(See Instructions, Page 22, Item 3)

**FILED**

4. Stock (Domestic Corporations Only - Total Shares):  
20

5. Duration (if indefinite or Perpetual, Leave Blank):  
MAR 28 2003

6. State of Formation/Incorporation (Foreign Entities Only):

7. Date of Formation/Incorporation (Foreign Entities Only):

**State Treasurer**

8. Contact Information:

Registered Agent Name: Mahendra P. Patel, P.E.

*PA*

Registered Office

(Must be a New Jersey address with street address)

Main Business or Principal Business Address

Street 27 Sandor Drive

Street 27 Sandor Drive

City Princeton Zip 08540

City Princeton State NJ Zip 08540

9. Management (Domestic Corporations and Limited Partnerships Only)

- For-Profit and Professional Corporations list initial Board of Directors, minimum of 1;
- Domestic Non-Profits list Board of Trustees, minimum of 3;
- Limited Partnerships list all General Partners.

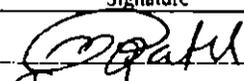
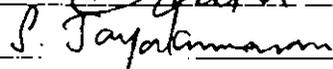
Name	Street Address	City	State	Zip
<u>Mahendra P. Patel</u>	<u>27 Sandor Drive</u>	<u>Princeton</u>	<u>NJ</u>	<u>08540</u>
<u>S. Jayakumaran</u>	<u>11 Rocky Hill Road</u>	<u>Princeton</u>	<u>NJ</u>	<u>08540</u>

The signatures below certify that the business entity has complied with all applicable filing requirements pursuant to the laws of the State of New Jersey.

10. Incorporators (Domestic Corporations Only, minimum of 1)

Name	Street Address	City	State	Zip
<u>Mahendra P. Patel</u>	<u>27 Sandor Drive</u>	<u>Princeton</u>	<u>NJ</u>	<u>08540-9500</u>
<u>S. Jayakumaran</u>	<u>11 Rocky Hill Road</u>	<u>Princeton</u>	<u>NJ</u>	<u>08540</u>

\*\* Signature(s) for the Public Record (See instructions for Information on Signature Requirements)

Signature	Name	Title	Date
	<u>Mahendra Patel</u>	<u>Principal</u>	<u>3-20-03</u>
	<u>S. JAYAKUMARAN</u>	<u>Principal</u>	<u>3/24/03</u>

0100900877



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:

June 22, 2021 02:14 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

