



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

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 R.I. DEPT. OF STATE  
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**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: <b>Wiegmann &amp; Associates Inc.</b>		
2. It is incorporated under the laws of: <span style="margin-left: 100px;">Missouri</span>		
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: <span style="margin-left: 50px;">January 26, 1995</span>		
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:  650 Fountain Lakes Blvd., St. Charles, MO 63301		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <span style="margin-left: 20px;">CT Corporations</span>		
Street Address (NOT a P.O. Box) <span style="margin-left: 50px;">450 Veterans Memorial Parkway, 7A</span>		
City/Town <span style="margin-left: 20px;">East Providence</span>	State <span style="margin-left: 20px;"><b>RHODE ISLAND</b></span>	Zip Code <span style="margin-left: 20px;">02914</span>

**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<sup>m</sup>**  
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SECRETARY OF STATE  
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USE ONLY

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

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
Gerald G. Wiegmann	650 Fountain Lakes Blvd., St. Charles, MO 63301

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	Chad G. Wiegmann	650 Fountain Lakes Blvd., St. Charles, MO 63301
VICE PRESIDENT	David C. Boschert	650 Fountain Lakes Blvd., St. Charles, MO 63301
TREASURER	Chad G. Wiegmann	650 Fountain Lakes Blvd., St. Charles, MO 63301
SECRETARY	Grant G. Wiegmann	650 Fountain Lakes Blvd., St. Charles, MO 63301

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
30,000	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 \_\_\_\_\_ % Note: at this time we don't have any work in RI, Our lead engineer just received his engineering license

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.)

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

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

Grant T. Wiegmann

Date

6/25/21

Signature of Authorized Officer of the Corporation



# STATE OF MISSOURI



John R. Ashcroft  
Secretary of State

## CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

**WIEGMANN & ASSOCIATES INC.**

00406476

A Missouri entity was created under the laws of this State on 1/26/1995, and in Good Standing, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, the 22nd day of June, 2021.

  
Secretary of State

Certification Number: CERT-IN89796





*State of Rhode Island*

*Board of Registration for Professional Engineers*



BE IT KNOWN THAT

***Chad Gerald Wiegmann***

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

**Engineering as a  
Corporation**

**Mechanical**

**IN THE STATE OF RHODE ISLAND**

Certificate of Authorization No.: 9054

Issued: 05/17/2021

Expires: 06/30/2022

*Patricia H. Walker*

Chairperson

*Patricia D. Steere*

Secretary