



State of Rhode Island

Department of State - Business Services Division

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 2021 AUG 26 AM 8:59 **STAMP**

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: Watts and Associates, Inc		
2. It is incorporated under the laws of: Montana		
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: 04/15/1992 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: 4331 Hillcrest Road, Billings, MT 59101		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Northwest Registered Agent LLC Street Address (<u>NOT</u> a P.O. Box) 47 Wood Ave Suite 2 City/Town Barrington State RHODE ISLAND Zip Code 02806		

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

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 FOR
 SECRETARY OF STATE
 USE ONLY

new employee working in Rhode Island Specifically to be a computer systems engineer monitoring system performance and securing access for connected users.

NAME	ADDRESS

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):

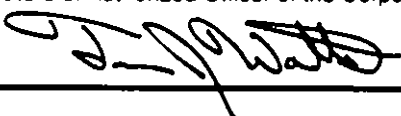
OFFICE	NAME	ADDRESS
PRESIDENT	Tim Watts	4431 Hillcrest Rd Billings MT 59101
VICE PRESIDENT		
TREASURER		
SECRETARY		

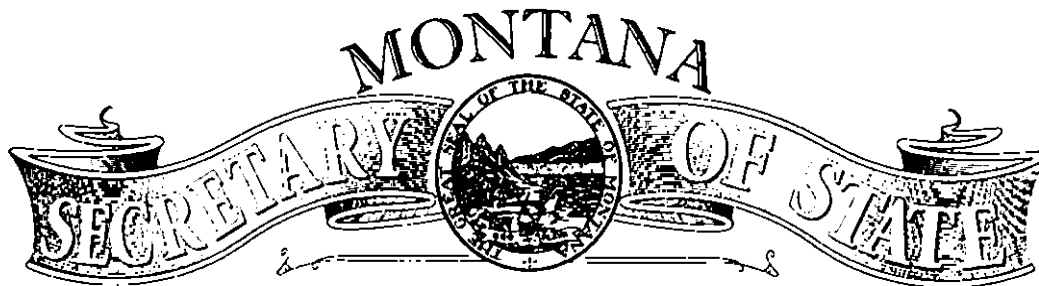
9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100			no par value

100 %

0 %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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) _____	
<i>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</i>	
Type or Print Name of Authorized Officer	Date
Tim Watts	8/25/2021
Signature of Authorized Officer of the Corporation 	



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

WATTS AND ASSOCIATES, INC.

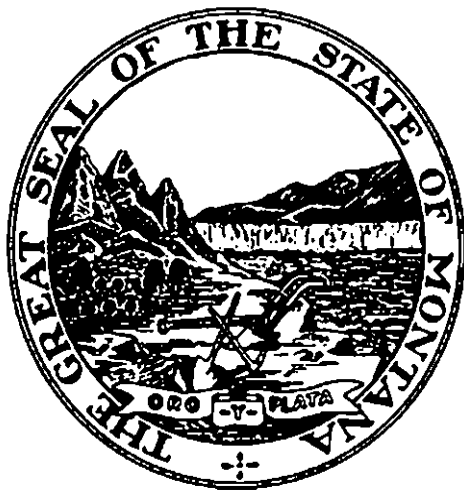
duly filed its **Articles of Incorporation for Domestic Profit Corporation** in this office on **April 15, 1992**, and on that date was authorized to transact business in this state **for a term of perpetual duration**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 25th day of August, 2021.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 15896531



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:

August 26, 2021 08:59 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is positioned above the printed name.

Nellie M. Gorbea
Secretary of State

