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FORM 150 - Revised: 08/202

State of Rhode Island Department of State - Business St	ervices Division	RI DE STATE BUS STOF STATE 2021 OCT 12 PH 2:42
Application for Certificate of Author FOREIGN Business Corporation	ority	PH 2: 12
→ Filing Fee: \$310.00 minimum	,	
Pursuant to the provisions of <u>RIGL 7-1,2-1405</u> , the u applies for a Certificate of Authority to transact busin or that purpose submits the following statement:	indersigned foreign corporation l tess in the State of Rhode Island	hereby J. and
1. The name of the corporation is:	C	
Cultec Inc.		
2. It is incorporated under the laws of: Connect	icut	
3. The name, if different, which it elects to use in RI	hode Island is	······
<ul> <li>(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:</li> <li>(b) If the corporate name is not available in Rhode corporation will qualify and transact business in Rhofe filed with this application:</li> </ul>	of, then list the name of the corp Island, then set forth below the f	poration with the addition of one of the fictitious name under which the
4. The date of its incorporation is: 02/10/1988		
And the period of its duration is: CHECK ONE BO	XONLY	
Date certain for dissolution		
5. The address of its principal office is:		
878 Federal Road, PO Box 280, Brookfield, CT 068	104	
6. The name and address of the initial registered ag	gent/office in Rhode Island:	
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Bou	ulevard, Suite 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
IAIL TO:		FILED
Division of Business Services 48 W. River Street, Providence, Rhode Island 02904-261 Phone: (401) 222-3040 Vebsite: www.sos.ri.gov	5	OCT 12 2021

7.	The purp	ose o	or pu	rpose	s whic	ch it pr	opose	es to	pursue in	the trans	action	of busir	iess in l	Rhode	Island	are:	
					<b>.</b> .												

Manufacturer/wholesaler of storm water chambers and accessories

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		
Robert DiTullio, Sr.	878 Federal Road, PO Box, Brookfield, CT 06804		
Christina DiTullio	878 Federal Road, PO Box, Brookfield, CT 06804		

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	Robert DiTullio, Sr.	878 Federal Road, PO Box, Brookfield, CT 06804
ICE PRESIDENT	Robert DiTullio, Sr.	878 Federal Road, PO Box, Brookfield, CT 06804
TREASURER		
SECRETARY	Christina DiTullio	878 Federal Road, PO Box, Brookfield, CT 06804

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
100	Common		no par value
	<u> </u>		
_			

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.*)

1\_\_\_\_\_%

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)\_

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.

Date

Type or Print Name of Authorized Officer

Christina DiTullio

Signature of Authorized Officer of the Corporation

Unitina D'Tuelio

## Secretary of the State of Connecticut Certificate of Legal Existence

Express Certificate

Date Issued: October 09, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

	/		
Business Details			(تعن)
Business Name	- <u>,</u> (	CULTEC INC.	<u>, , , , , , , , , , , , , , , , , , , </u>
Business ALEI		US-CT.BER:0213337	• 1'
Formation Date	· · · · · · · · · · · · · · · · · · ·	02/10/1988	· · · ·

Secretary of the State

Certificate Number: C-00011458

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:

October 12, 2021 02:42 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

