State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

 \rightarrow Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, 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:

SAINI TECH SERVICES INC

2. It is incorporated under the laws of: MASSACHUSETTS

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: 05/28/2008

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:

14 DARTMOUTH ST, SUITE A, MALDEN MA 02148

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name SHIVANI GUJARE

Street Address (NOT a P.O. Box) 184 IVES ST, UNIT 1

City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02906

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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7. The purpose or purpo	oses which it p	oposes to oursue in the	transaction of	business in Rhode Island are:
PROVIDE IT CONSULT				
CLIENTS INCLUDING S	STAFFING	S, SUFTWARE DEVEL	OPMENT AND	SOFTWARE QUALITY ASSURANCE TO
	DIAL ING			
8. (a) The names and re state or country of which	espective addre	esses of its directors (op ited):	otional, unless o	firectors are required under the laws of the
NAME			A	ADDRESS
ROHIT SAINI		160 CARROLL DRIVE		A 04744
				R 01/41
8 (b) The names and re	spective addr	onno of its prinsingl off		Check the box to indicate an attachment
of the state or country o	f which it is inc	orporated):	cers (mandator	y if directors are not required under the laws
OFFICE	<u> </u>	NAME		ADDRESS
PRESIDENT				
	ROHIT SAINI		160 CARROL	L DRIVE, CARLISLE MA 01741
VICE PRESIDENT			160 CARROL	L DRIVE, CARLISLE MA 01741
TREASURER	ROHIT SAINI		160 CARROLL DRIVE, CARLISLE MA 01741	
SECRETARY			160 CARROLL DRIVE, CARLISLE MA 01741	
	•		۸,	Check the box to indicate an attachment
9. The aggregate number	er of shares wit	nich it has authority to is	sue; itemized b	y classes, par value of shares, shares without
par value, and series, if	any, within a c	lass, is:		· · · · · · · · · · · · · · · · · · ·
NUMBER OF SHARES	CLAS	s	SERIES	PAR VALUE OR STATE NO PAR VALUE
100,000	CNP			NO PAR VALUE
<u>_</u>	<u></u>			
	·			
10 An estimate an a p				
located within this state	during the follo	ne proportion that the e	stimated value	of the property of the corporation to be perty of the corporation to be owned during
the following year, when	ever located. (Note: Percentage obtail	ned from works	heet.)
0		Ū		
<u> </u>				
11 An antimate as a m				
H. An estimate, as a p at or from places of bus	ercentage, of iness in Rhode	the proportion of the group to follow	oss amount of b	business to be transacted by the corporation
transacted by the corpo	ration during th	e following vear. (Note.	: Percentaae of	ared to the gross amount thereof which will be stained from worksheet.)
20		<i>3 / (</i>		
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12. This application must be accompanied by a <u>Certifin</u> formation dated within 60 days of the date of this filing	cate of Good Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effect	tive: 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 hav accompanying attachments, and that all statements co	ve examined this Application for Certificate of Authority, including any ontained herein are true and correct.
Type or Print Name of Authorized Officer	Date
ROHIT SAIN!	10/27/2021
Signature of Authorized Officer of the Corporation	<u> </u>



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

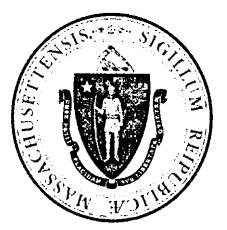
William Francis Galvin Secretary of the Commonwealth

Date: October 26, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office, SAINI TECH SERVICES, INC.

is a domestic corporation organized on **May 28, 2008**, under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution: that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



Certificate Number: 21100649580

In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Villian Tranino Galecin

Secretary of the Commonwealth

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: NMa

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 29, 2021 03:52 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

