



State of Rhode Island
Department of State - Business Services Division

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FOR SECRETARY OF STATE
USE ONLY

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: <i>Titan Construction Inc</i>		
2. It is incorporated under the laws of: <i>Delaware</i>		
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: <i>4/1/2000</i>		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <i>7460 Lancaster Pike Hockessin, De. 19707</i>		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <i>MARK Tourgee.</i>		
Street Address (NOT a P.O. Box) <i>1500 Nooseneck Hill Rd.</i>		
City/Town <i>Coventry</i>	State RHODE ISLAND	Zip Code <i>02816</i>

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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FORM 150 - Revised 08/2020
9:55

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

Commercial General Contractor

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
Chris Sander	7460 Lancaster Pike Hockessin, De. 19707

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	Chris Sander	7460 Lancaster Pike Hockessin, De. 19707
VICE PRESIDENT	↓	↓
TREASURER	↓	↓
SECRETARY	↓	↓

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
1,000	Common Stock	N/A	Without 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.)

3 %

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.

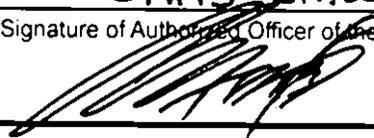
Type or Print Name of Authorized Officer

Chris Sander

Date

12/7/2021

Signature of Authorized Officer of the Corporation



Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TITAN CONSTRUCTION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF DECEMBER, A.D. 2021.



3200103 8300

SR# 20214004913

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204910684

Date: 12-08-21



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
CONTRACTORS' REGISTRATION AND LICENSING BOARD
One Capitol Hill
Providence, RI 02908-5859

Office (401)222-1270
TDD (401)222-6334
FAX (401)222-1940
www.crb.ri.gov

POWER OF ATTORNEY APPOINTING AGENT OF SERVICE

No registration shall be issued to a nonresident contractor until he or she has filed with the Board a power of attorney constituting and appointing a registered agent (an attorney whose office is located within the boundaries of the State of R.I. or a registered agent listed with the R.I. Secretary of State Office) upon whom all processes in any action or legal proceeding against him or her may be served, and in the power of attorney agrees that any lawful process against him or her which may be served upon his or her registered agent is of the same force and validity as if served on the nonresident contractor, and that the force continues irrevocably in force until such time as the Board has been duly notified in writing of any change.

Please Print

Registration/License #: 31186 Company Name: Titan Construction

Contractors First and Last Name: Chris Sander

Agent of Service

Name: Mark D. Tourgee, Esq. #3296

Firm: INMAN & TOURGEE

Address: 1500 Nooseneck Hill Road City: Coventry

State: Rhode Island Zip Code: 02816

Phone Number: (401) 823-9200

E-Mail: mtourgee@itwlaw.com Date: 12/7/2021

SIGNATURE OF REGISTERED AGENT OF SERVICE

Falsified information on the document is punishable by a fine not to exceed \$10,000.
Rhode Island General Laws § 5-65-5(c)



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:

December 10, 2021 09:55 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

