

State of Rhode Island

Department of State - Business Services Division

R.I. DEP STATE DES STATE

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

2021 HOV 1 1 27 27 35

Pursuant to the provisions of <u>RIGL 7-1,2-1405</u> , the unapplies for a Certificate of Authority to transact business that applies are the second of the second						
for that purpose submits the following statement:  1. The name of the corporation is:						
BRITO PAINTING CORP						
2. It is incorporated under the laws of:  MASSACW SETTS						
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 "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:	incorporation does not contain to of, then list the name of the corporation	he word "corporation", "company", oration with the addition of one of the				
(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:  BRTO PAINTING RICCOTO						
4. The date of its incorporation is: 11-12-2021						
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:						
47 SPENCER ST APT 3, DORCHESTER, MA 02124 USA						
6. The name and address of the initial registered age	ent/office in Rhode Island:					
Agent Name SAMUEL CURALO	OV .					
Street Address (NOT a P.O. Box) 86 MEADOW RD						
City/Town NORTH PROVIDENCE	State RHODE ISLAND	Zip Code <sub>02904</sub>				

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

7. The purpose or purpo	ses which it pr	oposes to	pursue in the	transaction of t	ousiness in Rhode Is	sland are:	
GENERAL PAINTING SERVICES RESIDENCIAL AND Commercial							
8. (a) The names and restate or country of which			directors (or	otional, unless d	irectors are required	under the laws of the	
NAME			ADDRESS				
		l	<del></del>		Check the box to in	ndicate an attachment	
8. (b) The names and re	espective addre	esses of its	principal offi	cers (mandator)			
of the state or country o				•			
OFFICE		NAME		ADDRESS			
PRESIDENT	LEANDRO BRITO DE CARVALHO		47 SPENCER ST 3 FL DORCHESTER, MA 02124 USA				
VICE PRESIDENT	LEANDRO BRITO DE CARVALHO		47 SPENCER ST 3 FL DORCHESTER, MA 02124 USA				
TREASURER	LEANDRO BRITO DE CARVALHO		47 SPENCER ST 3 FL DORCHESTER, MA 02124 USA				
SECRETARY	LEANDRO BRITO DE CARVALHO		47 SPENCER ST 3 FL DORCHESTER, MA 02124 USA				
	<u></u>		<del> </del>	l	Check the box to i	ndicate an attachment	
<ol><li>The aggregate numb par value, and series, if</li></ol>			authority to is	sue; itemized b	y classes, par value	of shares, shares without	
NUMBER OF SHARES	CLAS	S		SERIES	PAR VALUE (	OR STATE NO PAR VALUE	
1,000	CNP		0		0	00.	
<del>}</del>		<del> </del>					
<u></u>		<del></del>	<del></del>				
<b> </b>							
<ol> <li>An estimate, as a pole located within this state the following year, wher</li> </ol>	during the follo	owing year	bears to the	value of all prop	erty of the corporati		
1	ever located. (	NOIB. PERCE	aritag <del>a</del> obtaii	ied irom worksi	1881.)		
10 %							
11. An estimate, <b>as a percentage</b> , 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. ( <i>Note: Percentage obtained from worksheet.</i> )							
10 %							

12. This application must be accompanied by a <u>Certificate of Good S</u> formation dated within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of				
13. Date when the Certificate of Authority will be effective: CHECK C	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 the accompanying attachments, and that all statements contained herein					
Type or Print Name of Authorized Officer	Date				
LEANDRO BRITO DE CARVALHO	11-12-2021				
Signature of Authorized Officer of the Corperation	<u> </u>				



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

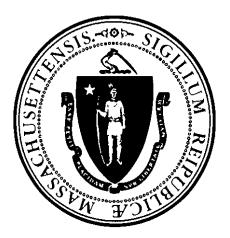
Date: November 24, 2021

To Whom It May Concern:

I hereby certify that according to the records of this office.

## **BRITO PAINTING CORP**

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.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranin Galein

Certificate Number: 21110631650

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

Processed by: bod

RI SOS Filing Number: 202107020440 Date: 12/6/2021 3:01:00 PM



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 06, 2021 03:01 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

