



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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**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: <b>Gerber Construction Inc.</b>		
2. It is incorporated under the laws of: <b>State of Connecticut</b>		
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: <b>06/14/1988</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>1 Nutmeg Dr. Ellington, CT 06029</b>		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name <b>Registered Agents Inc.</b> Street Address (NOT a P.O. Box) <b>47 Wood Ave Suite 2</b>		
City/Town <b>Barrington</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02806</b>

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**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**  
 AUG 01 2022  
 BY MB KNCOT

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

**Excavation services**

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

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	Ronald Gerber	2 Stoneybrook Trail, Ellington, CT 06029
VICE PRESIDENT	Steven Gerber	3 Stoneybrook Trail, Ellington, CT 06029
TREASURER		
SECRETARY	Lori Bahler	1 Stoneybrook Trail, Ellington, CT 06029

to an attachment

9. The aggregate number of shares which it has ~~of~~ par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	PAR VALUE OR STATE NO PAR VALUE
5000		10.00

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.)

1.4 %

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.)

5 %

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. <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> 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
<b>Ronald Gerber</b>	<b>7/14/2022</b>
Signature of Authorized Officer of the Corporation	
 SIGN DOCUMENT HERE	

# Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: July 08, 2022

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.

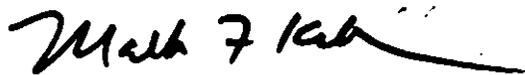
A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

## Business Details

Business Name GERBER CONSTRUCTION, INC.

Business ALEI US-CT.BER:0218303

Formation Date 06/14/1988



Secretary of the State

Business ALEI: US-CT.BER:0218303

Note: To verify this certificate, visit [Business.ct.gov](http://Business.ct.gov)

Certificate Number: C-00052988



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 01, 2022 03:41 PM

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

Nellie M. Gorbea  
*Secretary of State*

