RI SOS Filing Number: 202325897910 Date: 1/10/2023 12:35:00 PM



State of Rhode Island

Department of State - Business Services Division

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

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ior triat purpose submits the following statement:		
The name of the corporation is:		र्ग (
Brutus Carpentry Design Inc.		·
2. It is incorporated under the laws of: Comme	nwealth of Massachusetts	
3. The name, if different, which it elects to use in R	hode Island is:	
(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:	of incorporation does not contain eof, then list the name of the corp	the word "corporation", "company", oration with the addition of one of the
(b) If the corporate name is not available in Rhode corporation will qualify and transact business in Rh filed with this application:	Island, then set forth below the fi lode Island as stated in the "Fictiti	ctitious name under which the ous Business Name Statement" to be
4. The date of its incorporation is: 04-11-201	8	
And the period of its duration is: CHECK ONE BO Perpetual (on-going)	X ONLY	,
Date certain for dissolution		
5. The address of its principal office is:		
46 Old Bolton Road, Hudson, MA 01749		
6. The name and address of the initial registered a	gent/office in Rhode Island:	
Agent Name Thomas W. Heald, Esq., Heald	& Foye, Ltd.	
Street Address (NOT a P.O. Box) 76 Westminster	er Street, Suite 420	
City/Town Providence	State RHODE ISLAND	Zip Code 02908

MAIL TO:

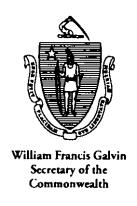
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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7. The purpose or purpo	oses which it p	roposes to pursue in	the transaction of	business in Rhode Island are:	
Carpentry Services					
8. (a) The names and re state or country of which	espective addro h it is incorpora	esses of its directors ated):	(optional, unless	directors are required under the laws of the	
NAME				ADDRESS	
Fernando M Teodoro		46 Old Bolton Road, Hudson, MA 01749			
Ricardo Souza		16 West Main Street, Marlborough, MA 01752			
			· · · · ·		
		Check the box to indicate an attachment			
8. (b) The names and re of the state or country o	espective addressive fixes inc	esses of its principal (corporated):	officers (mandato	ry if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	Fernando M Teodoro		46 Old Bolt	46 Old Bolton Road, Hudson, MA 01749	
VICE PRESIDENT	Ricardo Souza		16 West Ma	16 West Main Street, Marlborough, MA 01752	
TREASURER	Gustavo Silva		27 Shadow	brook Lane, Milford, MA 01757	
SECRETARY	Fernando M Teodoro		46 Old Bolt	on Road, Hudson, MA 01749	
	<u> </u>			Check the box to indicate an attachment	
9 The aggregate numb par value, and series, if	er of shares wl any, within a c	nich it has authority to lass, is:	o issue; itemized t	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
10,000	CNP		<u>.</u>	\$0.00	
	-				
					
	_			_	
10. An estimate, as a pe	ercentage, of t	he proportion that the	e estimated value	of the property of the corporation to be perty of the corporation to be owned during	
the following year, where	ever located. (Note: Percentage ob	lained from works	heet.)	
<u> </u>					
at or from places of busi	iness in Rhode	Island during the foll	lowing year comp	ousiness to be transacted by the corporation ared to the gross amount thereof which will be stained from worksheet.)	
0%	.	3			

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.				
Type or Print Name of Authorized Officer	Date 1/9/23			
Fernando M Teodoro	173720			
Signature of Authorized Officer of the Corporation				



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

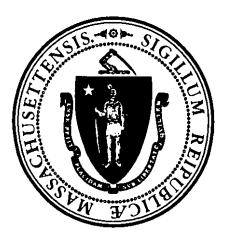
Date: December 15, 2022

To Whom It May Concern:

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

BRUTUS CARPENTRY DESIGN INC

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 Tranino Galecin

Certificate Number: 22120354430

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

Processed by: Bod

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I, GREGG M. AMORE, 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:

January 10, 2023 12:35 PM

Gregg M. Amore Secretary of State

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