



State of Rhode Island

Department of State - Business Services Division

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 MAR 29 PM 1:31
STAMP

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 174148	2. The name of the corporation is: Tech Roofing Service Inc.
3. The document to be corrected is: Certificate of Authority	4. The date the document being corrected was originally filed: 8/6/2007
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: # Shares 30 Par Value \$4800 -	
Check the box to indicate an attachment ☐	
6. The new corrected portion of the document states as follows: # Shares 500 Par Value \$ 0 -	
Check the box to indicate an attachment ☐	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes.	

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
MAR 29 2023
BY QDM
AA 1:31pm

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

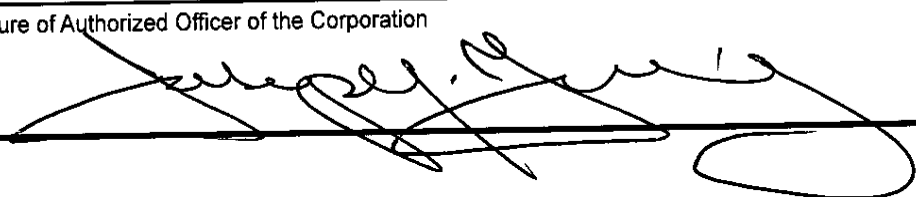
Type or Print Name of Authorized Officer of the Corporation

Joseph J. Narkawicz

Date

3/24/23

Signature of Authorized Officer of the Corporation





State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 MAR 29 PM 1:31
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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:

Tech Roofing Service, Inc.

2. It is incorporated under the laws of:

Nassachusetts

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: 6-18-1981

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:

267 Page Boulevard, Springfield, MA 01104

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

Agent Name

Carllin A Narkawicz

Street Address (NOT a P.O. Box)

160 Oakland Ave

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

STAMP

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

Roofing installations, repair + maintenance

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
Joseph J. Narkawicz	310 Rte 87 Columbia CT 06237

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	Joseph J. Narkawicz	310 Rte 87 Columbia CT 06237
VICE PRESIDENT	Joshua A. Narkawicz	Same
TREASURER	Joseph J. Narkawicz	Same
SECRETARY	Jennifer A. Courtney	32 Cornell St., S. Hadley MA 01075

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
500			-0-

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.)

- 0 - %

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.

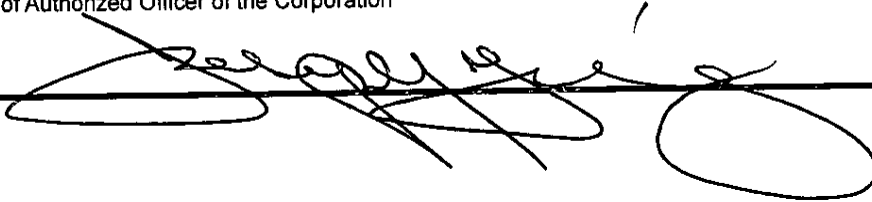
Type or Print Name of Authorized Officer

Joseph J Narkawicz

Date

3/24/23

Signature of Authorized Officer of the Corporation





State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

March 29, 2023 01:31 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

