

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

RECEIVED R.I. DEPT. OF STATE BUS.SVCS DIV

2023 HAY -3 P 1: 44

lersigned foreign corporation he is in the State of Rhode Island,						
de 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:						
	•					
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)						
5. The address of its principal office is:						
8475 Port Sunlight Rd., Newport, MI 48166						
6. The name and address of the initial registered agent/office in Rhode Island:						
	de Island is: ncorporation does not contain then list the name of the corporation does not contain then list the name of the corporation does not contain the list the name of the corporation does not contain the list the name of the corporation does not contain the list th					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:44

FILED MAY 0 3 2023

FORM 150 - Revised: 12/2021

7 The management of	والمعاملين ممم		and to the	A	(la = !	in Dhada lalend
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Construction						
•						
-		_				
8. (a) The names and re state or country of which			rectors (op	tional, unless	directors	s are required under the laws of the
NAME			ADDRESS			
Lawrence I. Masserant 8475 Port Sunlight Rd		nlight Rd., 1	Newport, MI 48	166		
	55 + 1100					
					-	
		1000		<u> </u>		
India A finan	,	<u> </u>			Chec	k the box to indicate an attachment
8 (h) The names and re	espective add:	asses of its or	rincinal offi	cers (mandato		ectors are not required under the laws
of the state or country of	•	•	mcipai om	cers (mandate	ny ii une	sciors are not required under the laws
OFFICE	T NAME		ADDRESS			
PRESIDENT	Keith P. Masserant		8475 Port Sunlight Rd., Newport, MI 48166			
VICE PRESIDENT						
TREASURER	Regan Morin		8475 Port Sunlight Rd., Newport, MI 48166			
SECRETARY						
	1			<u> </u>	Chec	ck the box to indicate an attachment
9. The aggregate numb	er of shares w	hich it has auf	thority to is	sue: itemized		ses, par value of shares, shares without
par value, and series, it			,		- ,	
NUMBER OF SHARES	CLA	SS		SERIES		PAR VALUE OR STATE NO PAR VALUE
40,000	Common					\$1.0000
				· -		
		· · · · · · · · · · · · · · · · · · ·				
	•				-1	
10. An estimate, as a p	ercentage, of	the proportion	that the e	stimated value	e of the	property of the corporation to be
located within this state the following year, whe	during the fol	lowing year be	ears to the	value of all pre	operty of	f the corporation to be owned during
at or from places of but transacted by the corpo	siness in Rhod oration during	le Island durin	g the follov	ving year com	pared to	is to be transacted by the corporation the gross amount thereof which will be from worksheet.)
001_ %						

12. This application must be accompanied by a <u>Certificate of Germation</u> dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHE	CK 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			
Regan Morin	April 27,2023			
Signature of Authorized Officer of the Corporation				

Attachment to Rhode Island Officers & Directors

1 Full Name:

Larry C. Masserant

Officer/Director:

Officer

Officer's Title:

CEO

Business Address:

8475 Port Sunlight Rd.

City:

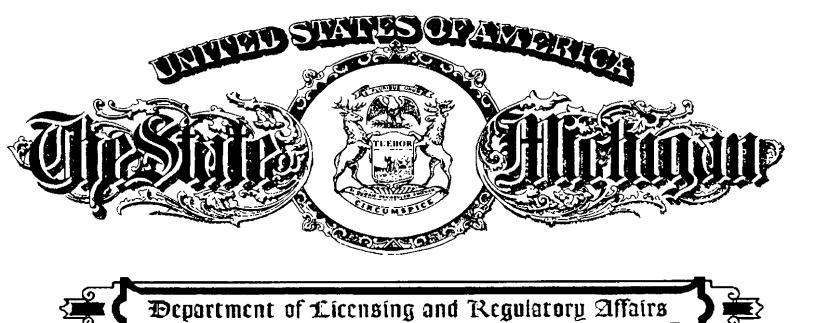
Newport

State:

MI

ZIP Code:

48166



Lansing, Michigan

This is to Certify That

MID-AMERICAN GUNITE, INC.

was validly incorporated on September 9, 1983 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 23050039406

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of May . 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau