

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

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Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, 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:		-					
K&A ENGINEERING CONSULTING, P.C.	ţ						
2. It is incorporated under the laws of: New York							
3. The name, if different, which it elects to use in Rh		·					
<ul> <li>(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thered above corporate endings for use in Rhode Island.         K&amp;A ENGINEERING CONSULTING, P</li> <li>(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rhofiled with this application:</li> </ul>	of, then list the name  C.C. Corp.  sland, then set forth t	of the corporation with below the fictitious nam	the addition of one of the				
4. The date of its incorporation is: 10/21/2016							
And the period of its duration is. CHECK ONE BOX  ✓ Perpetual (on-going)  Date certain for dissolution	X ONLY						
5. The address of its principal office is 445 HAMILTON AVE., SUITE 406, WHITE PLAINS, NY, 10601							
6. The name and address of the initial registered agent/office in Rhode Island.							
Agent Name C T Corporation System							
Street Address (NOT a P.O. Box) 450 Veterans Memoria! Parkway, Suite 7A							
City/Town East Providence	State RHODE IS	Zip Code	02914				

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

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7. The purpose or purpo	ses which it proposes t	o pursue in th	e transaction	n of business in R	hode Island are	
Professional Engineering						
<i>a</i>						
	<u> </u>					
<ol><li>(a) The names and restate or country of which</li></ol>	espective addresses of i	its directors (d	optional, unle	ess directors are re	equired under the laws of the	
NAME	- 11.0 11.00 po. 01.00 p.		<u> </u>	ADDRESS		
Purna Kharel		nilton Ave Su	ite 406 White	Plains, New York	10601	
i uma Kuarei	447 11411	miton Ave., su				
		**************************************	) }			
		<u>.</u> .				
	· .	_ <del>.</del>	<u>:</u>			
<del></del>			·	Check the t	pox to indicate an attachment	
			fficers (mand		are not required under the laws	
of the state or country o	of which it is incorporate		<del>-</del>	<u> </u>		
OFFICE	NAME		ADDRESS			
PRESIDENT	Purna Kharel		445 Hamil	ton Ave., Suite 406	White Plains, New York 10601	
VICE PRESIDENT					_	
TREASURER			<u> </u>			
SECRETARY	Purna Kharel		445 Hami	445 Hamilton Ave., Suite 406, White Plains, New York 10601		
	<u> </u>				box to indicate an attachment	
9. The aggregate numb	er of shares which it ha	is authority to	issue; itemiz	zed by classes, pa	ar value of shares, shares withou	
par value, and series, if			SERIES PA		R VALUE OR STATE NO PAR VALUE	
NUMBER OF SHARES 200.0000	CLASS		CEMEG	NPV		
200.0000	Common		<u> </u>			
		<del>-</del>	<del> </del>	<u>-</u>		
10. An estimate, as a p	ercentage, of the prope	ortion that the	estimated v	alue of the proper	rty of the corporation to be	
located within this state	e during the following ye rever located. (Note: Po	ear bears to th ercentage obt	ie value of al ained from w	i property of the c /orksheet.)	orporation to be owned during	
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9/	o o					
at or from places of but	percentage, of the prop siness in Rhode Island o pration during the follow	during the foll	owing year o	compared to the g	e transacted by the corporation ross amount thereof which will be worksheet.)	
	oration during the follow	mig year. (740	io. r_orooma	go ootamoa mom	<del>-</del> <b>,</b>	
59	6		į			
		<del></del>				

12. This application must be accompar formation dated within 60 days of the d		nding/Letter of \$1	atus from the state or country of
13. Date when the Certificate of Author	ity will be effective. CHECK ONE	BOX ONLY	
X Date received (Upon filing)			
Later effective date (Date must be	no more than 90 days from the	date of filing)	
14. Under penalty of perjury, I declare any accompanying attachments, and t	and affirm that I have examined that all statements contained here	this Application fo oin are true and c	or Certificate of Authority, including correct.
Type or Print Name of Authorized Officer	, c		Date
Purna Kharel	:	<b></b> 	09/11.23
Signature of Authorized Officer of the Corp	oration	·	
Durakharaf.			

### STATE OF NEW YORK

### DEPARTMENT OF STATE

### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: K&A ENGINEERING CONSULTING, P.C.

**DOS ID Number:** 5026969

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 10/21/2016

Statement Status: CURRENT
Statement Due Date: 10/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 08, 2023 at 05:00 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heyles

By Brendan C. Hughes
Executive Deputy Secretary of State

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## **Board of Registration for Professional Engineers** State of Rhode Island



BE IT KNOWN THAT

# K&A Engineering Consulting, P.C

qualifications required by law is hereby authorized to practice having given satisfactory evidence of having the

Engineering as a Corporation

Electrical

IN THE STATE OF RHODE ISLAND

Issued: 10/25/2022 Certificate of Authorization No.: 9253

Expires: 06/30/2024

Latricia D Starl

Chairperson

Farmers A. Walter

Secretary