

State of Rhode Island Department of State - Business Services Division

Application for Amended Certificate of Authority

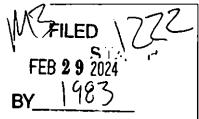
FOREIGN Business Corporation

 \rightarrow Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL <u>7-1,2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| 1. Entity ID Number: | 2. The name of the corporation | n is: | |
|--|---|---|--|
| 000825625 | Piping Systems, Inc. | | |
| 3. It is incorporated under the laws of. | | 4. List the date the Certificate of Authority was issued by the RI Department of State: | |
| Massachusetts | | 08/23/2013 | |
| If the entity's name has cha state the new name: | Lally Enterprises, Inc | 2. | |
| | | Check box to indicate no change | |
| 6. The name, if different, whic | h it elects to use in Rhode Island | t is: | |
| "incorporated," or "limited," or above corporate endings for u (b) If the corporate name is no | an abbreviation thereof, then lis ise in Rhode Island: bt available in Rhode Island, thei | ation does not contain the word "corporation," "company," t the name of the corporation with the addition of one of the n set forth below the fictitious name under which the the "Fictitious Business Name Statement" to be filed with this | |
| 7. If the entity's purpose is cha transacted in the State of Rhode | | ection: *The new purpose should include ALL activity to be | |
| Check the box to indicate an a | attachment | Check box to indicate no change | |
| MAIL TO: | | METTED 1772 | |

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

| List ALL authorized sha NUMBER OF SHARES | CLASS | SERIES | PAR VALUE OR ST | TATE NO PAR VALUE | |
|---|---|---|---|--|--|
| 7,500 | | | No Par | No Par | |
| | | | | | |
| | | | | | |
| Check the box to indicate a | an atlachment | | Check box | to indicate no change | |
| Ba. An estimate, as a perc of the corporation to be loc of all property of the corpor (Note: Percentage obtaine | ated within this state d ration to be owned dur | luring the following year be | ars to the value | % | |
| be transacted by the corpo | ration at or from place ed to the gross amount | ion of the gross amount of s of business in Rhode Isla thereof which will be trans | and during acted by the | % | |
| | wing year. (Note: Perc | antage obtained nom won | sildel.) | | |
| corporation during the follo | | | · · · · · · · · · · · · · · · · · · · | | |
| corporation during the follo 9. If the entity's principal pl 3 Anderson Way, Lake | ace of business is cha | | · · · · · · · · · · · · · · · · · · · | | |
| corporation during the follo 9. If the entity's principal pl | ace of business is cha | | · · · · · · · · · · · · · · · · · · · | | |
| corporation during the follo a. If the entity's principal pl | ace of business is cha | | ncipal address: | o indicate no change | |
| corporation during the follo 9. If the entity's principal pl | ace of business is cha eville, MA 02347 | nging indicate the new priv | ncipal address: Check box t | o indicate no change | |
| 20 poration during the follo 2. If the entity's principal pl 3 Anderson Way, Lake 10. As required by RIGL <u>7-</u> 11. Except as herein modif | ace of business is cha eville, MA 02347 <u>1.2-105</u> , the corporation ied, the original Applic | nging indicate the new print on has paid all fees and tat ation for Certificate of Auth | Check box t check box t ces. ority continues in full fo | prce and effect and is | |
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The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

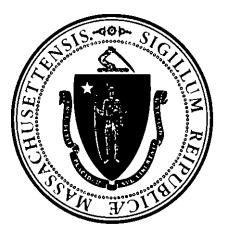
William Francis Galvin Secretary of the Commonwcalth

Date: February 07, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office, LALLY ENTERPRISES, INC.

is a domestic corporation organized on **August 02, 1971** . under the General Laws of the 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.



Certificate Number: 24020156210

In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

William Themins Galicin

Secretary of the Commonwealth

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

February 29, 2024 12:22 PM

Treng M. Course

Gregg M. Amore Secretary of State

