



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 JUN 4 PM 12:27:54

**Certificate of Correction**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: ~~\$50.00~~ *no fee*

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

1. Entity ID Number:  001774729	2. The name of the corporation is:  Woodside Builders, Inc.
3. The document to be corrected is:  Certificate Authority	4. The date the document being corrected was originally filed:  06/03/2024
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:  The name in Section 1 of Certificate of Authority application did not match the Good Standing Certificate from PA  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
6. The new corrected portion of the document states as follows:  Woodside Builders, Inc.  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The corrected document <b>MUST</b> 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](http://www.sos.ri.gov)

12:27pm  
FILED  
JUN 04 2024  
BY KM

9. 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

Jennifer L. Borys, President

Date

06/04/2024

Signature of Authorized Officer of the Corporation

*Jennifer L. Borys*



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 for that purpose submits the following statement:

1. The name of the corporation is: <b>Woodside Associates, Inc.</b>		
2. It is incorporated under the laws of: <b>Pennsylvania</b>		
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>Woodside Builders, Inc.</b> (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: <b>07/12/1982</b> And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>19 Mt. Pleasant Drive, Aston, PA 19014</b>		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name <b>CT Corporation System</b> Street Address ( <u>NOT</u> a P.O. Box) <b>450 Veterans Memorial Parkway, Suite 7A</b> City/Town <b>East Providence</b> State <b>RHODE ISLAND</b> Zip Code <b>02914</b>		

### MAIL TO:

#### Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  Commercial construction - canopy work at various Sunoco gas stations in Rhode Island			
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		
Jennifer Borys	320 Walnut Avenue, Marlton, NJ 08053		
Douglas Cochran	412 5th Street, Beach Haven, NJ 08008		
Joseph Oster	153 Hilton Road, Cochranville, PA 19033		
Check the box to indicate an attachment <input type="checkbox"/>			
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	Jennifer Borys	320 Walnut Avenue, Marlton, NJ 08053	
VICE PRESIDENT	Joseph Oster	153 Hilton Road, Cochranville, PA 19033	
TREASURER	Douglas Cochran	412 5th Street, Beach Haven, NJ 08008	
SECRETARY	Douglas Cochran	412 5th Street, Beach Haven, NJ 08008	
Check the box to indicate an attachment <input type="checkbox"/>			
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
100	CNP		No Par Value
10. An estimate, <b>as a percentage</b> , 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.)  <div style="display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">0</span> <span style="border-bottom: 1px solid black; width: 80px; display: inline-block;"></span> <span style="margin: 0 10px;">%</span> </div>			
11. An estimate, <b>as a percentage</b> , 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.)  <div style="display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">5</span> <span style="border-bottom: 1px solid black; width: 80px; display: inline-block;"></span> <span style="margin: 0 10px;">%</span> </div>			

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) \_\_\_\_\_

14. *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

Jennifer L. Borys

Date

06/04/2024

Signature of Authorized Officer of the Corporation

*Jennifer L. Borys*

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](https://dos.pa.gov/BusinessCharities)

**Regarding:** WOODSIDE ASSOCIATES, INC.  
**Request Type:** Subsistence Certificate **Issuance Date:** June 03, 2024  
**Request No.:** 036915831 **File No.:** 0000746949  
**Receipt No.:** 001075801  
**Filing Type:** Domestic Business Corporation  
**Filing Subtype:** Business  
**Initial Filing Date:** July 12, 1982  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

WOODSIDE ASSOCIATES, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](https://www.file.dos.pa.gov)



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:

June 04, 2024 12:27 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

