



State of Rhode Island
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2024 AUG 16 PM 2:27
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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: RETTEW Associates, Inc.		
2. It is incorporated under the laws of: Pennsylvania		
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: 6/10/1969		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 3020 Columbia Avenue, Lancaster, PA 17603		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Registered Agents, Inc.		
Street Address (NOT a P.O. Box) 47 Wood Ave., Suite 2		
City/Town Barrington	State RHODE ISLAND	Zip Code 02806

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

AUG 16 2024
 BY *[Signature]*

[Signature]

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

Engineering, environmental, surveying, planning, and related consulting services.

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
Clayton Bubeck	3020 Columbia Avenue, Lancaster, PA 17603

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	Clayton Bubeck	3020 Columbia Avenue, Lancaster, PA 17603
VICE PRESIDENT	Robert Lauriello	3020 Columbia Avenue, Lancaster, PA 17603
TREASURER	Scott MacNair	3020 Columbia Avenue, Lancaster, PA 17603
SECRETARY	Scott MacNair	3020 Columbia Avenue, Lancaster, PA 17603

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
1,050,000	Common	A	No Par Value

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.)

0.1 %

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

Scott R. MacNair

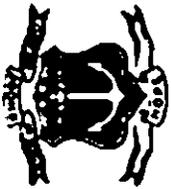
Date

8/13/2024

Signature of Authorized Officer of the Corporation



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.



State of Rhode Island

Board of Registration for Professional Engineers



BE IT KNOWN THAT

RETTEW Associates, Inc.

*having given satisfactory evidence of having the
qualifications required by law is hereby authorized to practice
Engineering as a
Corporation*

IN THE STATE OF RHODE ISLAND

Certificate of Authorization No.: PE.0009090-COA

Issued: 7/1/2024

Expires: 6/30/2026

Patricia K Walker

Chair

[Signature]

Secretary

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

Regarding: RETTEW ASSOCIATES, INC.
Request Type: Subsistence Certificate **Issuance Date:** August 13, 2024
Request No.: 040926325 **File No.:** 0000175650
Receipt No.: 001172260
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: June 10, 1969
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

RETTEW 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

A handwritten signature in black ink, appearing to read "Albert Schmidt".

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at 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:

August 16, 2024 02:27 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

