

# **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:						
Vrettos Pappas Consulting Engineers, P.A.						
2. It is incorporated under the laws of: NC						
3. The name, if different, which it elects to use in Rho						
(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:						
Vrettos Pappas Consulting Engineers, Inc.						
(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: 12/31/2002						
And the period of its duration is: CHECK ONE BOX  Perpetual (on-going)	ONLY					
Date certain for dissolution						
5. The address of its principal office is:						
2108 South Blvd, Ste 112, Charlotte, NC 28203						
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 Memorial Parkway, Suite 7A						
City/Town East Providence	State RHODE ISLAND	Zip Code <sub>02914</sub>				

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 1 3 2024

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7. The purpose or purpo Engineering	oses which it p	roposes to pu	rsue in the	transaction o	f business in Rh	ode Island are:	
8. (a) The names and rostate or country of whic			rectors (op	tional, unless	directors are re-	quired under the laws of	f the
NAME				ADDRESS			
Kostas J. Pappas			lyd. Ste 113	12, Charlotte, NC 28203			
	<del></del>	2100 South Bivu, Ste				<del></del>	
Dino M. Pappas 2108 South Blvd, Ste		Ivd, Ste 112	2, Charlotte, N	C 28203			
		-		<del></del> -		<del></del>	
<u> </u>		<u></u>		<u> </u>	Check the bo	ox to indicate an attachn	nent
8. (b) The names and r	espective addr	esses of its processes	rincipal offi	cers (mandat	ory if directors a	re not required under th	e laws
OFFICE	NAME			ADDRESS			
PRESIDENT	Kostas J. Pappas			2108 South Blvd, Ste 112, Charlotte, NC 28203			
VICE PRESIDENT	Dino M. Pappas			2108 South Blvd, Ste 112, Charlotte, NC 28203			
TREASURER			•				
SECRETARY			_				
						oox to indicate an attach	
9. The aggregate number par value, and series, i	ber of shares wif any, within a	vhich it has au class, is:	thority to is	ssue; itemize	d by classes, par	value of shares, shares	without
NUMBER OF SHARES	CLA		· <del></del>	SERIES	PAR	VALUE OR STATE NO PAR V	ALUE
100,000	Common				\$0		
	-	<del></del>					
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located within this state the following year, whe	e during the fo	llowing year b	ears to the	value of all p	roperty of the co	y of the corporation to b orporation to be owned o	e during
09	%						
11. An estimate, as a at or from places of but transacted by the corp	isiness in Rhoo	te Island durir	na the follo	wing year cor	npared to the gr	transacted by the corposs amount thereof which vorksheet.)	oration ch will be
	%						

12. This application must be accompanied by a <u>Certificate of Good S</u> formation dated within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK C	ONE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from t	he date of filing)
14. Under penalty of perjury, I declare and affirm that I have examine any accompanying attachments, and that all statements contained h	ed this Application for Certificate of Authority, including a serein are true and correct.
Type or Print Name of Authorized Officer	Date
Kostas J. Pappas, President	9/12/2024
Signature of Authorized Officer of the Corporation	



# Board of Registration for Professional Engineers State of Rhode Island



# BE IT KNOWN THAT

# Vrettos Pappas Consulting Engineers, P.A.

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

IN THE STATE OF RHODE ISLAND

Corporation

Certificate of Authorization No.: PE.0009021-COA

Issued: 7/1/2024

Expires: 6/30/2026

Torsee X Waller

Chair

Secretary



# NORTH CAROLINA Department of the Secretary of State

# CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### VRETTOS PAPPAS CONSULTING ENGINEERS, P.A.

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 31st day of December, 2002, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

Certification# 121006526-1 Reference# 21850811- Page: 1 of 1 Verify this certificate online at https://www.sosne.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of September, 2024.

Elaine J. Marshall

Secretary of State