

**State of Rhode Island
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Corporation
Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION IThe name of the corporation is New Form Building Systems, Inc.**SECTION II**It is incorporated under the laws of State: ME Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing 09/18/2024

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IVThe date of its incorporation is 12/27/2004and the period of its duration is ☒ Perpetual ☐**SECTION V**

The location of its principal office is

No. and Street: 90 HERITAGE PARK ROAD
SUITE 2

City or Town: BUCKSPORT State: ME Zip: 04416 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PARKWAY
SUITE 7A

City or Town: EAST PROVIDENCE State: RI Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is CT CORPORATION SYSTEM**SECTION VII**

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

VALUE ADD RESELLER OF CONSTRUCTION MATERIALS**SECTION VIII**

(c) 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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHELLE A SCHLECK	16 FAIRWIND DRIVE ORRINGTON, ME 04474 USA
PRESIDENT	MICHELLE A SCHLECK	16 FAIRWIND DRIVE ORRINGTON, ME 04474 USA
TREASURER	ERICA J LIBBY	176 RIVER ROAD ORRINGTON, ME 04474 USA
TREASURER	ERICA J LIBBY	176 RIVER ROAD ORRINGTON, ME 04474 USA
DIRECTOR	MICHELLE A SCHLECK	16 FAIRWIND DRIVE ORRINGTON, ME 04474 USA
DIRECTOR	ERICA J LIBBY	176 RIVER ROAD ORRINGTON, ME 04474 USA
DIRECTOR	MICHELLE A SCHLECK	16 FAIRWIND DRIVE ORRINGTON, ME 04474 USA
DIRECTOR	ERICA J LIBBY	176 RIVER ROAD ORRINGTON, ME 04474 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHELLE A SCHLECK	16 FAIRWIND DRIVE ORRINGTON, ME 04474 USA
PRESIDENT	MICHELLE A SCHLECK	16 FAIRWIND DRIVE ORRINGTON, ME 04474 USA
TREASURER	ERICA J LIBBY	176 RIVER ROAD ORRINGTON, ME 04474 USA
TREASURER	ERICA J LIBBY	176 RIVER ROAD ORRINGTON, ME 04474 USA
DIRECTOR	MICHELLE A SCHLECK	16 FAIRWIND DRIVE ORRINGTON, ME 04474 USA
DIRECTOR	ERICA J LIBBY	176 RIVER ROAD ORRINGTON, ME 04474 USA
DIRECTOR	MICHELLE A SCHLECK	16 FAIRWIND DRIVE ORRINGTON, ME 04474 USA
DIRECTOR	ERICA J LIBBY	176 RIVER ROAD ORRINGTON, ME 04474 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$1.0000	100,000.00

Signed this 18 Day of September, 2024 at 4:16:48 PM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By MICHELLE A SCHLECK
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and dissolution of corporations and annual reports filed by the same.

I further certify that NEW FORM BUILDING SYSTEMS, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is December 27, 2004.

I further certify that on:

December 27, 2004	ARTICLES OF INCORPORATION were filed.
October 5, 2006	ASSUMED NAME was filed.
March 28, 2007	CHANGE OF REGISTERED OFFICE was filed.
November 23, 2016	CHANGE OF CLERK was filed.
March 20, 2020	CHANGE OF CLERK was filed.

No further amendments have been filed to date.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of incorporation and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this eighteenth day of September 2024.

Shenna Bellows

*Shenna Bellows
Secretary of State*



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:

September 18, 2024 04:16 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

