RI SOS Filing Number: 202460889070 Date: 10/30/2024 11:49:00 AM



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:					
Titan Restoration INC					
2. It is incorporated under the laws of: MA					
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:					
And the period of its duration is: CHECK ONE BOX ONLY					
₩ Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
HO Prospets MITTORD NA 01757					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Roberto ZArumu					
Street Address (NOT a P.O. Box) Street Address (NOT a P.O. Box) Control Falls 02863					
City/Town / State RHODE ISLAND Zip Code					

MAIL TO:

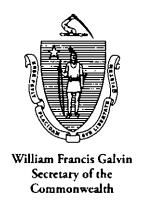
Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
		2				
(K100	Fing	And a	Sidin	9		
8. (a) The names and re state or country of which	espective addres	sses of its directors (or	otional, unless dire	ctors are required under the laws of the		
NAME		ADDRESS				
		 	·			
		 	· · · · · · · · · · · · · · · · · · ·			
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws						
8. (b) The names and re of the state or country of	-	• -	cers (mandatory ii	directors are not required under the laws		
OFFICE		NAME		ADDRESS		
PRESIDENT	Robe	rlo-zarumo	30 CI	ay SI		
VICE PRESIDENT			Contral	1 FALLS		
TREASURER			1 /3	02863		
SECRETARY						
				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		
100,00.	Ew P					
		<u> </u>				
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.)						
-	·	,		,		
%						
	iness in Rhode laration during the	Island during the follow	ving year compare	iness to be transacted by the corporation d to the gross amount thereof which will be ned from worksheet.)		

12. This application must be accompanied by a <u>Certificate of Good</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	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 examinany accompanying attachments, and that all statements contained in	• • • • • • • • • • • • • • • • • • • •
Type or Print Name of Authorized Officer	Date 10/30/2024
Signature of Authorized Officer of the Corporation	



The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

October 29, 2024

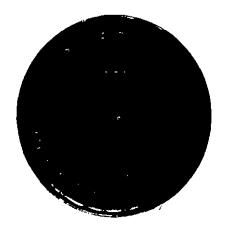
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office.

TITAN RESTORATION INC.

is a domestic corporation organized on **July 24, 2024**, 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.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Processed By: SMS

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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:

October 30, 2024 11:49 AM

Gregg M. Amore Secretary of State

Treg M. Coure

