State of Rhode Isla	<sup>nd</sup> State - Business Services	Division		
Application for Ame FOREIGN Business Corporati	nded Certificate of Au	thority		
→ Filing Fee: \$75.00 (\$235	for an increase in authorized sh	ares)	DEPT	
	L <u>7-1.2-1411,</u> the undersigned foreig to transact business in the State of F			
1. Entity ID Number:	2. The name of the corporation is:		<u> </u>	
001770430	Alisto Engineering Group, Inc.			
3. It is incorporated under the laws of:		<ol> <li>List the date the Certificate of Authority was issued by the RI Department of State:</li> </ol>		
California		03/08/2024		
5. If the entity's name has ch state the new name:	anged, Alisto Inc.	Cho	ok boy to indicato no obongo	
6 The name if different whi	ch it elects to use in Rhode Island	· <b></b>	ck box to indicate no change	
above corporate endings for (b) If the corporate name is n corporation will transact busin application:	ot available in Rhode Island, the ness in Rhode Island as stated in	n set forth below the fictitious in the "Fictitious Business Name	name under which the e Statement" to be filed with this	
Check the box to indicate an			ck box to indicate no change	
MAIL TO: Division of Business Services 148 W. River Street, Providence, Phone: (401) 222-3040 Website: www.sos.ri.gov	Rhode Island 02904-2615	ll:1J	NOV 06 2024 BY ML 23641	

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.

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
				······
Check the box to indicate a	an attachment		Check	box to indicate no change
of the corporation to be loc	cated within this state or ration to be owned dur	ion that the estimated value of th luring the following year bears to ing the following year, wherever	the value	0%
be transacted by the corport the following year compare	pration at or from place ed to the gross amount	ion of the gross amount of busin s of business in Rhode Island du thereof which will be transacted centage obtained from worksheet	iring by the	0%
9. As required by RIGL 7-1	1.2-105, the corporation	has paid all fees and taxes.		
		ation for Certificate of Authority of ference into this Application for A		
11. Date when the Amende	ed Certificate of Author	ity will be effective: CHECK ONE	BOX ONL	1
Date received (Upon f	filing)			
Later effective date (D	Date must be no more t	han 90 days from the date of filir	ng)	
		that I have examined this Applica at all statements contained here		
	r of the Corporation			Date
Name of Authorized Office				10/17/0004
Name of Authorized Office Evelyn Sevilla				10/17/2024

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:

November 06, 2024 11:11 AM

Areg M. Couve

Gregg M. Amore Secretary of State

