RI SOS Filing Number: 202569541590 Date: 4/8/2025 12:31:00 PM



State of Rhode Island Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

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25	STAMP
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		n corporation hereby applies for an Rhode Island, and for that purpose submits			
Entity ID Number:	2. The name of the corporation is:				
001674617	Becht Engineering BT, Inc.				
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:			
New Jersey		06-12-2017			
If the entity's name has cha state the new name:	nged,				
	·	Check box to indicate no change 🗸			
6. The name, if different, which	it elects to use in Rhode Island	d 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 transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 7 If the entity's purpose is changing complete the following section: "The new purpose should include ALL activity to be 					
transacted in the State of Rhode I		ection. The new purpose should include ALL activity to be			
Check the box to indicate an a	ttachment	Check box to indicate no change ✓			

MAIL TO:

Division of Business Services

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

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

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.

*List ALL authorized sh	ares as of this ame				
NUMBER OF SHARES	CLASS	SERIES		PAR VALUE OR STATE NO PAR VALUE	
1 million	Common	Not applicable	No Par V 	No Par Value	
				······································	
Check the box to indicate	e an attachment		Check	k box to indicate no change	
of the corporation to be k	ocated within this stated oration to be owned	portion that the estimated value te during the following year be during the following year, whe	ars to the value	0 %	
8b. An estimate, as a pe be transacted by the corp the following year compa corporation during the fol	1%				
9. As required by RIGL <u>7-1,2-105</u> , the corporation has paid all fees and taxes.					
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.					
11. Date when the Amended 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)					
		irm that I have examined this A d that all statements contained			
Name of Authorized Officer of the Corporation			Date		
Eric C. Collins				4/1/2025	
Signature of Authorized (Officer				

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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:

April 08, 2025 12:31 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

