



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 E30 FACADES, INC.**SECTION II**It is incorporated under the laws of State: WI 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

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 9/20/2024and the period of its duration is ☒ Perpetual ☐**SECTION V**

The location of its principal office is

No. and Street: 513 W COLLEGE AVE STE 330City or Town: APPLETONState: WIZip: 54911Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 700 NARRAGANSETT PARK DRIVE STE 100City or Town: PAWTUCKET

State: RI

Zip: 02861and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC**SECTION VII**

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

ENGINEERING SERVICES.**SECTION VIII**

(a) 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	MARCIE DAWN HARRIS	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
PRESIDENT	JOSH ROYCE	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
TREASURER	JOSH ROYCE	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
TREASURER	MARCIE DAWN HARRIS	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
SECRETARY	MARCIE DAWN HARRIS	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
SECRETARY	JOSH ROYCE	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
DIRECTOR	JOSH ROYCE	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
DIRECTOR	MARCIE DAWN HARRIS	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 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	MARCIE DAWN HARRIS	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
PRESIDENT	JOSH ROYCE	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
TREASURER	JOSH ROYCE	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
TREASURER	MARCIE DAWN HARRIS	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
SECRETARY	MARCIE DAWN HARRIS	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
SECRETARY	JOSH ROYCE	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
DIRECTOR	JOSH ROYCE	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 USA
DIRECTOR	MARCIE DAWN HARRIS	513 W COLLEGE AVE STE 330 APPLETON, WI 54911 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>	
CNP		NONE	\$0.0000	100,000.00

Signed this 21 Day of April, 2025 at 2:53:19 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 MARCIE DAWN HARRIS
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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***State of Rhode Island
Board of Registration for Professional Engineers***

BE IT KNOWN THAT

E30 FACADES, INC.

*having given satisfactory evidence of having the
qualifications required by law is hereby authorized to practice*

**Engineering as a
Corporation**

Structural

IN THE STATE OF RHODE ISLAND

Certificate of Authorization No.: 9679

Issued: 04/17/2025

Expires:

Chair

Secretary

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Kristie Pulvermacher, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

E30 FACADES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 20, 2024.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., and that said corporation or limited liability company has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 21, 2025.

A handwritten signature in black ink that reads "Kristie Pulvermacher".

KRISTIE PULVERMACHER, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <https://apps.dfi.wi.gov/apps/ccs/verify/>

Enter this code: **416829-2983015B**



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:

April 21, 2025 02:52 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

