RI SOS Filing Number: 202577532740 Date: 8/12/2025 10:11:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

Street Address (NOT a P.O. Box) 700 NARRAGANSETT PARK DR STE 100

State

RHODE ISLAND

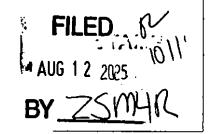
Application for Certificate of Authority FOREIGN Business Corporation	DOS BSD 1A:
→ Filing Fee: \$310.00 minimum	
Pursuant to the provisions of RIGL <u>7-1,2-1405</u> , the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and or that purpose submits the following statement:	
1. The name of the corporation is:	
EverStrong Construction Inc.	
2. It is incorporated under the laws of: Massachusetts	
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 "corporati "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the adoptive corporate endings for use in Rhode Island:	ion", "company", dition of one of the
Everstrong Construction Inc	
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name unde corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Nam filed with this application:	
4. The date of its incorporation is: 08/26/2024	
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:	
13 Poplar St, Apt 2, Milford Ma 01757	
6. The name and address of the initial registered agent/office in Rhode Island:	
Agent Name Registered Agents Inc	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

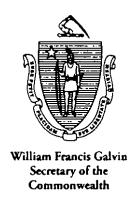
City/Town PAWTUCKET



Zip Code **02861**

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7. The purpose or purp	oses which it proposes to pu	ursue in the transac	tion of business in Rhode Island are:
To engage in Roofing	, siding and exterior const	truction services in	ncluding repairs installations and related
contracting work			
8 (a) The names and r	espective addresses of its d	irectors (ontional re	nless directors are required under the laws of the
state or country of which	th it is incorporated):	irectors (optional, di	thess directors are required direct the laws of the
NAME			ADDRESS
11111	1773762		ADDITESS
		<u></u> _	
			
<u> </u>			
			Check the box to indicate an attachment
8. (b) The names and r	espective addresses of its p	rincipal officers (ma	indatory if directors are not required under the laws
	of which it is incorporated):	(,,,,	and the second s
OFFICE	NAME		ADDRESS
PRESIDENT	Oharda Kilaasa Lata		
	Shayla K Lema Loja	13 Pop	lar St APT2, Milford, Ma 01757
VICE PRESIDENT	Charle K Lama Laia	42 Do-	In CAARTO SSIGnad SA DATET
	Shayla K Lema Loja	13 POP	lar St APT2, Milford, Ma 01757
TREASURER	Shayla K Lema Loja	42 Pan	In- Ct ADT2 Milford Ma 04757
	Shayla K Lema Loja	13 POP	lar St APT2, Milford, Ma 01757
SECRETARY	Shayla K Lema Loja	13 Pon	lar St APT2, Milford, Ma 01757
	- Columbia		
	·		Check the box to indicate an attachment
		thority to issue; item	nized by classes, par value of shares, shares without
par value, and series, it	any, within a class, is:	<u>.</u>	
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	CWP		\$0.10
	· · · · · · · · · · · · · · · · · · ·		
			value of the property of the corporation to be
			all property of the corporation to be owned during
i the following year, when	rever located. (Note: Percen	tage obtained from	worksneet.)
10 %	1		
· · · · · · · · · · · · · · · · · · ·	,		
11. An estimate, as a p	ercentage, of the proportion	n of the gross amou	unt of business to be transacted by the corporation
			compared to the gross amount thereof which will be
transacted by the corpo	ration during the following y	ear. (Note: Percenta	age oblained from worksheet.)
17			
%			

12. This application must be accompanied by a <u>Certificate of Good Standing/Learners of Good Standing Good S</u>	<u>letter of Status</u> 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)
Under penalty of perjury, I declare and affirm that I have examined this Application accompanying attachments, and that all statements contained herein are true	,
Type or Print Name of Authorized Officer	Date
Shayla Lema Loja	08/11/2025
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE	



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: August 08, 2025

To Whom It May Concern:

I hereby certify that,

EVERSTRONG CONSTRUCTION INC

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on August 26, 2024.

I also certify that so far as appears of record here, said corporation still has legal existence.



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 Travin Galicin

Certificate Number: 25080147710

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: Kma

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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:

August 12, 2025 10:11 AM

Gregg M. Amore Secretary of State

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