



State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority
FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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2025 AUG 18 11:16 AM
STA: P


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: | | |
| HSS Improvement Services, INC | | |
| 2. It is incorporated under the laws of CT | | |
| 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: 6/23/2025 | | |
| And the period of its duration is CHECK ONE BOX ONLY | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) | | |
| <input type="checkbox"/> Date certain for dissolution _____ | | |
| 5. The address of its principal office is: | | |
| 77 Stillman Ave Pawcatuck CT 06379 | | |
| 6. The name and address of the initial registered agent/office in Rhode Island: | | |
| Agent Name Dale Sowle | | |
| Street Address (NOT a P.O. Box) 23 Pleasant St | | |
| City/Town | State | Zip Code |
| Westerly | RHODE ISLAND | 02891 |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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| | | | |
|---|-----------------------------------|-----------------------------------|---------------------------------|
| 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: For all lawful purposes, including Paint Contracting. | | | |
| 8. (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): | | | |
| NAME | ADDRESS | | |
| Dale Sowle | 23 Pleasant St. Westerly RI 02891 | | |
| | | | |
| | | | |
| | | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 8. (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): | | | |
| OFFICE | NAME | ADDRESS | |
| PRESIDENT | Dale Sowle | 23 Pleasant St. Westerly RI 02891 | |
| VICE PRESIDENT | | | |
| TREASURER | | | |
| SECRETARY | | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 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 |
| 1,000 | Common | | No Par Value |
| | | | |
| | | | |
| | | | |
| 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.) | | | |
| 0 _____ % | | | |
| 11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.) | | | |
| 75 _____ % | | | |

| | |
|---|------------|
| 12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing. | |
| 13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | |
| <input type="checkbox"/> 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 examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct. | |
| Type or Print Name of Authorized Officer | Date |
| Dale Sowle | 07/25/2025 |
| Signature of Authorized Officer of the Corporation | |
|  | |

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.

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Tuesday, July 22, 2025 3:50 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

Business Details

Business Name HSS IMPROVEMENT SERVICES, INC.

Business ALEI US-CT.BER:3244286

Formation Date 06/23/2025



Secretary of the State

Business ALEI: US-CT.BER:3244286

Certificate Number: C-00176354

Note: To verify this certificate, visit [Business.ct.gov](https://business.ct.gov)



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:

August 18, 2025 11:16 AM

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

Gregg M. Amore
Secretary of State

