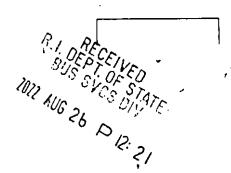
RI SOS Filing Number: 202222475400 Date: 8/26/2022 12:21:00 PM



Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



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:					
Nordik Windows Boston Inc.					
2. It is incorporated under the laws of: DE					
3. The name, if different, which it elects to use in Rho	ode 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: 09/09/2021					
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:					
104 Clement Street, Vars, Ontario, Canada K0A 3H0 CAN					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name United Corporate Services					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

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

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

AUG 26 2022 12:21

NATVN

The sale and instal	llation of window	vs and doors	3.		
8 (a) The names and	respective address	on of its direct	and factional values di		
State of Courting of Will	- ici it is incorporated	d):	ors (optional, uniess uii 	rectors are required under the laws of the	
NAME			AC	DDRESS	
Philippe Bechard	10	104 Clement St., Vars, Ontario, Canada K0A 3H0 CAN			
					
				Check the box to indicate an attachment	
8. (b) The names and i	respective address	es of its princip	pal officers (mandatory	if directors are not required under the laws	
of the state or country	or which it is incorp	orated): IAME			
PRESIDENT				ADDRESS	
	Eric Pham-Din	าh 	104 Clement	St., Vars, Ontario, Canada	
VICE PRESIDENT					
TREASURER	Catherine Wal		- Land Clament	01 N-1- 0-1-4- 0-1-4-	
SECRETARY	Can lettile 4491		104 Clement	104 Clement St., Vars, Ontario, Canada	
SEURLIANT	Catherine Wal	lsh 	104 Clement	St., Vars, Ontario, Canada	
·				Check the box to indicate an attachment	
The aggregate number par value, and series, it	per of shares which fany, within a class	⊢it has authorit s. is:	y to issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	71 - 12 -	SERIES	PAR VALUE OR STATE NO PAR VALUE	
5,000	Common	I	N/A	\$0.01	
			<u></u>	· — 	
				-	
10. An estimate, as a p	ercentage of the i	proportion that	the estimated value of	the property of the corporation to be	
located within this state the following year, when	during the followin	ng year bears to	o the value of all prope	rty of the corporation to be owned during	
		s. Percentage	oblained from worksne	et.)	
%	5				
11. An estimate, as a p	percentage, of the	proportion of the	he gross amount of bus	siness to be transacted by the corporation	
at or from places of bus	siness in Rhode Isla	and during the	following year compare	ed to the gross amount thereof which will be	
transacted by the corpo		Mowing year, t	Note: Регсептада орга	ined from worksneet.)	
_ / _ %					

12. This application must be accompanied by a <u>Certificate of Good</u> formation dated within 60 days of the date of this filing.	d Standing/Letter of Status 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	n the date of filing)
Under penalty of perjury, I declare and affirm that I have examined accompanying attachments, and that all statements contained her	If this Application for Certificate of Authority, including any rein are true and correct.
Type or Print Name of Authorized Officar	Date
Catherine Walsh	8/18/22
Signature of Authorized Officer of the Corporation	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NORDIK WINDOWS BOSTON INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORDIK WINDOWS BOSTON INC." WAS INCORPORATED ON THE NINTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at corn delaware gov/auth

Authentication: 204201330

Date: 08-19-22

RI SOS Filing Number: 202222475400 Date: 8/26/2022 12:21:00 PM



I, NELLIE M. GORBEA, 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 26, 2022 12:21 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

