

# The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

**FORM MUST BE TYPED** 

## **Foreign Corporation** Certificate of Registration

**FORM MUST BE TYPED** 

(General Laws, Chapter 156D, Section 15.03; 950 CMR 113.48)

1)	Exact name of the corporation, including any words or abbreviations indicating incorporation:					
(2)	Name under which the corporation will transact business in the commonwealth that satisfies the requirements of G.L. Chapter 156D, Section 15.06:					
	If applicable, please attach:					
	an agreement to refrain from use of the unavailable name in the commonwealth; and					
	<ul> <li>a copy of the doing business certificate filed in the city or town where it maintains its registered office; and</li> <li>a copy of the resolution of the corporation's board of directors, certified by its secretary, the name under which the corporation will transact business in the commonwealth pursuant to 950 CMR 113.50(4).</li> </ul>					
(3)	Jurisdiction of incorporation:					
	Date of incorporation: Duration if not perpetual: (month, day, year)					
(4)	Street address of principal office:					
5)	Street address of registered office in the commonwealth:					
	Name of registered agent in the commonwealth at the above address:					
egi	stered agent of the above corporation consent to my appointment as registered agent pursuant to G. L. Chapter 156D, Section 2.*					
* O:	attach registered agent's consent hereto.					

(6) Fiscal year end:		
	(month, day	
(7) Brief description of the corporation's	activities to be conducted	in the commonwealth:
(8) Names and business addresses of its of	current officers and director	rs:
	NAME	BUSINESS ADDRESS
President:		
Vice-president:		
Treasurer:		
Secretary:		
Assistant secretary:		
Director(s):		
		issued by an officer or agency properly authorized in the e, a translation thereof under oath of the translator shall be
This certificate is effective at the time and from the date of filing is specified:		he Division, unless a later effective date not more than 90 days

Signed l	oy:				,
	Chairman of the board of director	(.	signature of authorized individual)		
	President,	,,,			
	Other officer,				
	Court-appointed fiduciary,				
on this <sub>-</sub>	d:	ay of		<b> 5</b>	··

### **COMMONWEALTH OF MASSACHUSETTS**

#### William Francis Galvin

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	- <del></del>	day of <u>.</u>	, 20	, at	a.m./p.m.	
		ne				
	Effective da	te:				
	(must be within 90 days of date submitted)					
	WILLIAM FRANCIS GALVIN					
		Secretary of the Commonwealth				
Examiner	Filing fee: \$400					
Jame approval	TO BE FILLED IN BY CORPORATION  Contact Information:					
2				·		
И						
	Telephone:					
	-					

be available in the rejected queue.