



# 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
- a copy of the doing business certificate filed in the city or town where it maintains its registered office; and
- 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).

(3) Jurisdiction of incorporation: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_ Duration if not perpetual: \_\_\_\_\_  
*(month, day, year)*

(4) Street address of principal office: \_\_\_\_\_  
*(number, street, city or town, state, zip code)*

(5) Street address of registered office in the commonwealth: \_\_\_\_\_  
*(number, street, city or town, state, zip code)*

Name of registered agent in the commonwealth at the above address: \_\_\_\_\_

I, \_\_\_\_\_  
registered agent of the above corporation consent to my appointment as registered agent pursuant to G. L. Chapter 156D, Section 5.02.\*

\* Or 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 current officers and directors:

	NAME	BUSINESS ADDRESS
President:		
Vice-president:		
Treasurer:		
Secretary:		
Assistant secretary:		
Director(s):		

Attach certificate of legal existence or a certificate of good standing issued by an officer or agency properly authorized in the jurisdiction of organization. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date of filing is specified: \_\_\_\_\_

Signed by: \_\_\_\_\_,  
*(signature of authorized individual)*

- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**COMMONWEALTH OF MASSACHUSETTS**

**William Francis Galvin**  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

**Foreign Corporation  
Certificate of Registration**  
**(General Laws, Chapter 156D, Section 15.03; 950 CMR 113.48)**

I hereby certify that upon examination of this foreign corporation certificate, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said certificate; and the filing fee in the amount of \$\_\_\_\_\_ having been paid, said certificate is deemed to have been filed with me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ a.m./p.m.  
*time*

Effective date: \_\_\_\_\_  
*(must be within 90 days of date submitted)*

**WILLIAM FRANCIS GALVIN**  
*Secretary of the Commonwealth*

\_\_\_\_\_  
Examiner

Filing fee: \$400

\_\_\_\_\_  
Name approval

**TO BE FILLED IN BY CORPORATION**  
Contact Information:

\_\_\_\_\_  
C

\_\_\_\_\_  
M

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Upon filing, a copy of this filing will be available at [www.sec.state.ma.us/cor](http://www.sec.state.ma.us/cor).  
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.