Filing and License Fee: \$310.00 minimum

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street Providence, Rhode Island 02904-2615

# **BUSINESS CORPORATION**

(II)

# **APPLICATION FOR CERTIFICATE OF AUTHORITY**

CO	rporati	t to the provisions of Sect ion hereby applies for a Co wing statement:	ion 7-1.2-1405 of the 0 ertificate of Authority to	General La transact b	aws of Rhode Island, 1956, as amended, the usiness in the State of Rhode Island, and for	that purpose submits	
1.	The n	name of the corporation is	Caputo Insurance Ag	ency, Inc.		<b>5</b> 24	
2.	lt is in	ncorporated under the laws	of PA				
3.	The n	name, if different, which it e	lects to use in Rhode Is	land is:			
	(a)		," or an abbreviation th	ereof, the	orporation does not contain the word "corp n list the name of the corporation with the a		
	(b)				set forth below the fictitious name under which in the "Fictitious Business Name Statement"		
4.	The c	date of its incorporation is	01/09/1984		and the period of its duration is Perpetual		
5.	The a	The address of its principal office in the state or country under the laws of which it is incorporated is					
		6824 Big Beaver Blvd., B	eaver Falls, PA 15010				
6	The address of its proposed registered office in Rhode Island is 222 Jefferson Boulevard Suite 200						
Ο.	i iie a	ludress of its proposed reg	istered office in Knode	ISIAI IU IS	(Street Address, not P.O.	Box)	
	War	wick	, RI <u>0</u> 2	888	and the name of its proposed registered age	ent in Rhode Island at	
		(City/Town)	(Z	ip Code)			
	that a	address is Corporation	Service Company				
				(Nam	e of Agent)		
7.	The p	ourpose or purposes which	it proposes to pursue ir	the trans	action of business in Rhode Island are:		
	Non :	Resident Insurance Agenc	v for Profit				
8.	` '	he names and respective af which it is incorporated).	addresses of its director	s (optional	unless directors are required under the laws of	of the state or country	
		, , , , , , , , , , , , , , , , , , ,	Name		Address		
	Di	rector			<del></del>		
	Di	rector					
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Form No. 150 Revised: 12/05

		state or country of which it is in		<u>Name</u>		<u>Address</u>	
	President		Richard Caputo		126 Mervis Drive, Beaver Falls, PA 15010		
		ce President					
		easurer ecretary					
	00	or clary		<u> </u>		-	
			ber of shares w ithin a class, is:	hich it has authority to	issue, itemized by classes,	par value of shares, shares without par value,	
						Par Value or Statement that	
	10	Number of S	<u>Shares</u>	<u>Class</u>	<u>Series</u>	Shares are without Par Value	
		0000		Common		1.00	
10.	— (a)		f the value of	all property to be ow	ned by the corporation for	or the following year, wherever located, is	
		·					
	(b)	An estimate o	the value of	the corporation's prop	erty to be located within	Rhode Island during the following year is	
	(c)	located within t		the following year bear	s to the value of all propert	value of the property of the corporation to be y of the corporation to be owned during the nultiply by 100 to obtain the percentage].	
11.	(a)	An estimate o	of the gross am	nount of business to	be transacted by the co	orporation during the following year is	
	(b)	An estimate of Island during the	of the gross am the following year	nount of business to be	e transacted by the corpora	ition at or from places of business in Rhode	
	(c)	corporation at o	or from places of by the corporation	f business in this state	during the following year b	mount of business to be transacted by the bears to the gross amount thereof which will livide (b) by (a) and multiply by 100 to obtain	
		s application is a hich it is incorp		a certificate of Good S	tanding issued by the prope	er officer of the state or country under the laws	
13. <sup>-</sup>	This thar	Application for the 90 <sup>th</sup> day af	Certificate of Auter the date of the	thority shall be effectiv	re upon filing unless a spec	cified date is provided which shall be no later	
						ury, I declare and affirm that I have	
						ion for Certificate of Authority, including attachments, and that all statements	
					contained herein are tru		
Dat		3/11/101			-///		
∪at	e:	118109			Signature of Au	uthorized Officer of the Corporation	
					- (	The second of the solboration	
					Richard Caputo	at Name of Authorized Office	
					Type or Prii	nt Name of Authorized Officer	

### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

MARCH 26, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CAPUTO INSURANCE AGENCY, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth