

State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

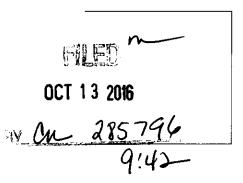


## **Application for Certificate of Authority**

Foreign Business Corporation Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:						
Zangari Cohn Cuthbertson P.C.						
2. It is incorporated under the laws of.	Connecticut					
3. The name, if different, which it elects to use in Rhode Island is:						
	corporation does not contain the word "corporation", "company", then list the name of the corporation with the addition of one of					
(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:	February 9, 2005					
And the period of its duration is: CHECK ONLY ONE I	BOX					
Date certain for dissolution						
5. The address of its principal office is:						
59 Elm Street, Suite 400, New Haven, CT 06510						



6. The name and addre	ess of the initial registered ag	ent/office of in Rhode Island:			
Agent Name Mario	J. Zangari				
Street Address ( <u>NOT</u> a	P.O. Box) 935 Jeffersor	n Blvd, Suite 3001			
City/Town Warwick		State RHODE ISLAND	Zip Code 02886		
7. The purpose or purp	oses which it proposes to pu	sue in the transaction of bus	iness in Rhode Island are:		
The practice of la	w				
8. (a) The names and ri state or country of whic NAME	h it is incorporated):	ectors (optional, unless direc ADDR	ctors are required under the laws of the RESS		
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	espective addresses of its pri ntry of which it is incorporate		directors are not required under the		
OFFICE	NAME		ADDRESS		
PRESIDENT	Robert F. Cohn	59 Elm St., Sເ	uite 400, New Haven, CT 06510		
VICE PRESIDENT	Mario J. Zangari	59 Elm St., Su	59 Elm St., Suite 400, New Haven, CT 06510		
TREASURER	Robert Blythe	59 Elm St., Su	59 Elm St., Suite 400, New Haven, CT 06510		
SECRETARY	Christine Barker	59 Elm St., Su	uite 400, New Haven, CT 06510		
		Check	the box to indicate an attachment. 🗹		
	er of shares which it has auti series, if any, within a class, i		asses, par value of shares, shares		
NUMBER OF SHARES <b>5,000</b>	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE \$100.00		
	· ·				
	<u></u>				
	. <u> </u>	<u> </u>			

10. (a) Estin	nate, in dollars, the	e value of all property to b	e owned by the corr	poration for the follow	ving year, wherever
located:					

**s** 300,000.00

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

\$ <sup>4,000.00</sup>

(c) Estimate, as a percentage, 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: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.

1.3 %

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.

\$ 3,000,000.00

(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.

**s** 150,000.00

(c) Estimate, as a percentage, 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: Divide (11b) by (11a) and multiply by 100 to obtain the percentage*.

5 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document. 13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the day of filing)\_\_\_\_

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.

Signature of Authorized Offices of the Corporation

Type or Print Name of Authorized Officer Mario J. Zangari Date October 11, 2016

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 entail corporations@sos.ri.gov.

Attachment to Zangari Cohn Cuthbertson P.C.'s Application for Certificate of Authority – Foreign Business Corporation

8. (b) - There are 3 additional vice presidents

VICE PRESIDENT – Hugh W. Cuthbertson – 59 Elm St., Suite 400, New Haven, CT 06510 VICE PRESIDENT – Steven C Rickman – 59 Elm St., Suite 400, New Haven, CT 06510 VICE PRESIDENT – Benjamin P. Michaelson – 59 Elm St., Suite 400, New Haven, CT 06510 Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

## ZANGARI COHN CUTHBERTSON P.C.

a domestic STOCK corporation, was filed in this office on February 09, 2005, 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.

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Secretary of the State

Date Issued: October 11, 2016



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

## I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

## and Providence Plantations, 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

