



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 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:	
Towers Administrators, Inc.	
2. It is incorporated under the laws of:	NY
3. The name, if different, which it elects to use in Rhode 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:	02/02/1966
And the period of its duration is: CHECK ONLY ONE BOX	
☒ Perpetual (on-going)	
☐ Date certain for dissolution _____	
5. The address of its principal office is:	
15 Rock Spring Avenue, West Orange, NJ 07052	

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6. The name and address of the initial registered agent/office of in Rhode Island:

Agent Name **United Corporate Services, Inc.**

Street Address (NOT a P.O. Box) **222 Jefferson Boulevard, 2nd Floor**

City/Town **Warwick**

State
RHODE ISLAND

Zip Code
02888

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Insurance - agency, TPA; DMPO

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS

Check the box to indicate an attachment. ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Howard Rosenthal	15 West Spring Ave, West Orange NJ 07052
VICE PRESIDENT	Mary Grace Powers	4600 N 68th St #317, Scottsdale AZ 85251
TREASURER	Howard Rosenthal	15 West Spring Ave, West Orange NJ 07052
SECRETARY	Howard Rosenthal	15 West Spring Ave, West Orange NJ 07052

Check the box to indicate an attachment. ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	Class A	Common	no par value
100	Class B	Common	no par value

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:		
\$ 0		
(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:		
\$ 0		
(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. <i>Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.</i>		
0 %		
11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.		
\$ 0		
(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.		
\$ 0		
(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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>		
0 %		
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 Officer of the Corporation 	Type or Print Name of Authorized Officer Howard Rosenthal	Date 12/9/16

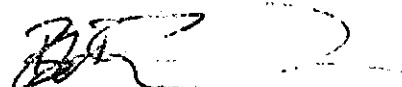
If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TOWERS ADMINISTRATORS, INC. was filed on 02/02/1966, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

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*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 08th day of November two
thousand and sixteen.*



*Brendan W. Fitzgerald
Executive Deputy Secretary of State*