



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:	
Pacific Surety Insurance Agency, Inc.	
2. It is incorporated under the laws of:	California
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:	04/04/2016
And the period of its duration is: <b>CHECK ONLY ONE BOX</b>	
<input checked="" type="checkbox"/> Perpetual (on-going)	
<input type="checkbox"/> Date certain for dissolution _____	
5. The address of its principal office is:	
150 N. Wiget Lane, Suite 114, Walnut Creek, CA 94598	

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BY

*[Signature]* 296118

6. The name and address of the initial registered agent/office of in Rhode Island:		
Agent Name      C T Corporation System		
Street Address ( <u>NOT</u> a P.O. Box)      450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02914

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


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
Karin Zimmerly	150 N. Wiget Lane, Suite 114, Walnut Creek, CA 94598
Jackie Harris	150 N. Wiget Lane, Suite 114, Walnut Creek, CA 94598
Joseph Tigro	150 N Wiget Lane Suite 114 Walnut Creek CA 94598

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	Joseph Tigro	150 N. Wiget Lane, Suite 114, Walnut Creek, CA 94598
ASST. VICE PRESIDENT	Michael Patrick Morris	150 N. Wiget Lane, Suite 114, Walnut Creek, CA 94598
TREASURER	Joseph Tigro	150 N. Wiget Lane, Suite 114, Walnut Creek, CA 94598
SECRETARY	Jackie Harris	150 N. Wiget Lane, Suite 114, Walnut Creek, CA 94598

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
1,000	Common		\$1.00

<p><b>(10a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:</b></p>		
<p>\$ <u>194,052</u></p>		
<p><b>(10b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:</b></p>		
<p>\$ <u>0</u></p>		
<p><b>(10c) 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.</b></p>		
<p><u>0</u> %</p>		
<p><b>(11a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.</b></p>		
<p>\$ <u>200,000</u></p>		
<p><b>(11b) 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.</b></p>		
<p>\$ <u>0</u></p>		
<p><b>(11c) 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.</b></p>		
<p><u>0</u> %</p>		
<p><b>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.</b></p>		
<p><b>13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX</b></p>		
<p><input checked="" type="checkbox"/> Date received (Upon filing)</p>		
<p><input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____</p>		
<p><i>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.</i></p>		
<p>Signature of Authorized Officer of the Corporation</p> <p></p>	<p>Type or Print Name of Authorized Officer</p> <p>Joseph Tigro</p>	<p>Date</p> <p>1/9/17</p>

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](mailto:corporations@sos.ri.gov).

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

PACIFIC SURETY INSURANCE AGENCY, INC.

FILE NUMBER: C3892937  
FORMATION DATE: 04/04/2016  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of February 04, 2017.

*Alex Padilla*

ALEX PADILLA  
Secretary of State

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