

ALL SEP-5 PHIZ: 5

Certificate of Authority

FOREIGN Corporation

→ Filing 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:						
Maragliano Trucking, Inc.			_			
2. It is incorporated under the laws of: New York						
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:						
N/A						
(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:						
N/A			201	≂		
4. The date of its incorporation is: March 15, 20	01		SEP	RE BUS		
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	E BOX		22 AM	DEIVE		
Date certain for dissolution			<u> </u>	01/2		
5. The address of its principal office is:						
207 Lake Street, Newburgh, NY 12550						
6. The name and address of the initial registered agent/office of in Rhode Island:						
Agent Name ParaSearch Inc. Swill Dwo						
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		 ." 		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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7. The purpose or purpose Freight Trucking.	s which it proposes to pursue i	n the transaction of ou	SINESS IN TATIONE ISLAND ATC.
8. (a) The names and resp state or country of which it	ective addresses of its director is incorporated):	s (optional, unless dire	ectors are required under the laws of the
NAME		AD	DRESS
		Newburgh, NY 12550	
			Check the box to indicate an attachment.
0 (b) The names and rest	pective addresses of its princip.		if directors are not required under the laws
of the state or country of v	vhich it is incorporated):	<u> </u>	
OFFICE	NAME		ADDRESS
PRESIDENT			
VICE PRESIDENT			
TREASURER			
SECRETARY			
			Check the box to indicate an attachment.
9. The aggregate number par value, and series, if a	of shares which it has authorit ny, within a class, is:	y to issue; itemized by	classes, par value of shares, shares without
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE No Par Value
200	1		
			
	1		
10. (a) Estimate, in dolla owned by the corporation located:	ars, the value of all property to n for the following year, wherev	er to be located with	ollars, the value of the corporation's property nin Rhode Island during the following year:
\$ 1,646,105		\$ <u>.0</u>	
within this state during th	ntage, the proportion that the electric following year bears to the vide located. Note: Divide (10b) by	alue ot all property of t	property of the corporation to be located the corporation to be owned during the 100 to obtain the percentage.
0.00 %			

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(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.	
\$_600000	\$	
(c) Estimate, as a percentage, the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. Note percentage.	Tyear compared to the gross amount thereof which was so	
.6985		
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporate	of Good Standing/Letter of Status issued by the proper officer of ed that is dated within 60 days of the filing of this document.	
13. Date when the Certificate of Authority will be effective: C	HECK ONLY ONE BOX	
Date received (Upon filing)		
Later effective date (Date must be no more than 90 day		
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contain	amined this Application for Certificate of Authority, including any ned herein are true and correct.	
Type or Print Name of Authorized Officer	Date	
John J. Maragliano, III	8/30/17	
Signature of Authorized Officer of the Corporation SIGN DOC	UMENT HERE	

I hereby certify, that the Certificate of Incorporation of MARAGLIANO TRUCKING, INC. was filed on 03/15/2001, 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. I further certify the following:

- A Biennial Statement was filed 10/09/2003.
- A Biennial Statement was filed 04/05/2005.
- A Biennial Statement was filed 03/21/2007.
- A Biennial Statement was filed 02/23/2009.
- A Biennial Statement was filed 03/16/2011.
- A Biennial Statement was filed 04/10/2013.
- A Biennial Statement was filed 08/15/2017.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of August two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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