

Application for Certificate of Authority FOREIGN Business Corporation

--> Filing 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:					
The name of the corporation is:					
Prudent Publishing Co., Inc.					
2. It is incorporated under the laws of: New Jersey					
3. The name, if different, which it elects to use in Rho	ode 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: 11/15/1966					
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
c/o Finance Department, 65 Challenger Road, Ridgefield Park, NJ 07660					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
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

FORM 150 - Revised. 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Sales of greeting cards direct to consumer				
8. (a) The names and restate or country of which		ors (optional, unless di	rectors are required under the laws of the	
NAME	NAME		DDRESS	
See attached				
			Check the box to indicate an attachment	
of the state or country of	espective addresses of its princi of which it is incorporated):	pal officers (mandatory	if directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	See attached			
VICE PRESIDENT				
TREASURER			· •	
SECRETARY				
·	,		Check the box to indicate an attachment	
The aggregate numb par value, and series, if		ity to issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
250,000	Common		1.00	
· · · · · · · · · · · · · · · · · · ·				
		·		
located within this state		to the value of all prop	of the property of the corporation to be erty of the corporation to be owned during neet.)	
0 %	6			
at or from places of bus	percentage, of the proportion of siness in Rhode Island during the pration during the following year	e following year compa	usiness to be transacted by the corporation ared to the gross amount thereof which will be tained from worksheet.)	
.30 %				

OFFICER INFORMATION

Name Alan M. Solow

Title Chairman of the Board, Vice President

Business Address 65 Challenger Road, Ridgefield Park, NJ 07660

Residential Address Same

Name Allen R. Greenwald
Title President, CFO & Director

Business Address 65 Challenger Road, Ridgefield Park, NJ 07660

Residential Address Same

Name H.L. Devore

Title Chief Marketing Officer

Business Address 65 Challenger Road, Ridgefield Park, NJ 07660

Residential Address Same

Name Camille D. Solow

Title Secretary

Business Address 65 Challenger Road, Ridgefield Park, NJ 07660

Residential Address Same

12. This application must be accompanied by a <u>Certificate of Good Stan</u> formation dated within 60 days of the date of this filing.	ding/Letter of Status from the state or country of		
13. Date when the Certificate of Authority will be effective: CHECK ONE	BOX ONLY		
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date 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.			
Type or Print Name of Authorized Officer	Date		
Allen R. Greenwald	11-5-2018		
Signature of Authorized Officer of the Corporation When R Manual Control of the Corporation On the Corporation	F.21,		

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

PRUDENT PUBLISHING CO., INC.

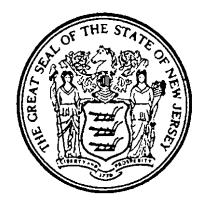
7226180000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 15, 1966.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY PRINCETON SOUTH CORPORATE CTR STE 160, 100 CHARLES EWING BLVD EWING, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of November, 2018

Elizabeth Maher Muoio State Treasurer

She M. Mun

Certificate Number: 6092692067

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

2018 NOV 13 PH 12: 48