State of Rhode Island and Providence Plantations Department of State - Business Services Division

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

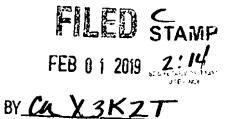
→ Filing Fee: \$310.00 minimum

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:

T. The name of the corporation is.					
Tourtellot & Co., Inc.					
2. It is incorporated under the laws of: Delaware					
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 "incorporated", or "limited," or an abbreviation thereor above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:					
4. The date of its incorporation is: January 29, 2	2019				
And the period of its duration is: CHECK ONE BOX  Perpetual (on-going)  Date certain for dissolution	CONLY				
5. The address of its principal office is:					
99 Colorado Ave., Warwick, RI 02888					
6. The name and address of the initial registered age	ent/office in Rhode Island:				
Agent Name Michael F. Sweeney, Esq.					
Street Address ( <u>NOT</u> a P.O. Box) One Financial Plaz	za, Suite 1800				
City/Town Providence	State RHODE ISLAND	Zip Code 02903			

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are FRESH PRODUCE WHOLESALER AND DISTRIBUTOR

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			
Andrew P Sigal		99 Colorado Ave., Warwick, RI 02888			
Steven R. Sigal		99 Colorado Ave . Warwick, RI 02888			
Jamie S. Manville		99 Colorado Ave , Warwick, RI 02888			
Pamela Vierling		99 Colorado Ave., Warwick, RI 02888			
		•	C	heck the box to indicate an attachment	
8. (b) The names and roof the state or country of			icers (mandatory if	directors are not required under the laws	
OFFICE	NAME		ADDRESS		
PRESIDENT	Andrew P. Sigal		99 Colorado Ave., Warwick, RI 02888		
VICE PRESIDENT	Pamela Vierling		99 Colorado Ave., Warwick, RI 02888		
TREASURER	Steven R. Sigal		99 Colorado Ave., Warwick, RI 02888		
SECRETARY	Jamie S. Manville		99 Colorado Ave., Warwick, RI 02888		
	· ·			Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if		-	ssue; itemized by c	lasses, par value of shares, shares without	
NUMBER OF SHARES	CLAS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
2,500	Common	-		No Par	
	eduring the follo rever located. (i	wing year bears to the	value of all propert	he property of the corporation to be by of the corporation to be owned during t.)	
11. An estimate, as a percentage, of 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: Percentage obtained from worksheet.</i> )					
%	)				

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12. This application must be accompanied by a <u>Certificate of Good</u> formation dated within 60 days of the date of this filing	Standing/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			
Andrew P. Sigal	1/30/19.			
Signature of Authorized Officer of the Corporation	····			
Andres P. Siga/ SIGN DOCUMEN	THERE			

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOURTELLOT & CO., INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOURTELLOT & CO., INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Jellrey W Bufface, Secretary of State

Authentication: 202159365 Date: 01-29-19

7243658 8300 SR# 20190551795 You may verify this certificate online at corp delaware gov/authver.shtml



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:

February 01, 2019 02:14 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

