

RECLIVED R.I. DEPT. OF STATE BUS SVCS DIV

Application for Certificate of Authority

FOREIGN Business Corporation

-> Filing Fee: \$310.00 minimum

2020 SEP 10 PM 12: 23

Pursuant to the provisions of RIGL 7-1, 2-1405, the ur	ndersigned foreign corporation h	ereby			
applies for a Certificate of Authority to transact business in the State of Rhode Island, and					
for that purpose submits the following statement:		<u> </u>			
The name of the corporation is:	-				
APPLE SPECIALTIES INC.					
2. It is incorporated under the laws of					
\sim \sim					
3. The name, if different, which it elects to use in Rh	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: $03/07/1988$					
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: 11 Old Dock Rd. YAPHANK, N.Y. 11980					
6. The name and address of the initial registered ag	ent/office in Rhode Island:				
Agent Name NORTHWEST REGISTER AGENT LIC					
NORTHWEST RECISTER About LIC Street Address (NOT a P.O. Box) 47 Wood AVE SUITE #2					
City/Town BARRING TON	State RHODE ISLAND	Zip Code 02806			

MAIL TO:

Division of Business Services

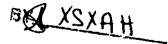
148 W. River Street, Providence, Rhode Island 02904-2615

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

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FORM 100 - Rovised - 08/2020



7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
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	11-7 01 0-1 1-2	- 000,023		
8. (a) The names and re	espective addresses of its director	rs (ontional Linless direct	tors are required under the laws of the	
state or country of whic	h it is incorporated):	is (opnonal, unless unec	tors are required under the laws of the	
NAME		ADDRESS		
0 (h) The annual and		Ch	neck the box to indicate an attachment	
of the state of country o	espective addresses of its principal of which it is incorporated):	officers (mandatory if d	directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	AMYCSORNY	180AKST	11792	
VICE PRESIDENT	Griand Tillow	51 5. Viru	11792 NET WALING RIVER NY 11792	
TREASURER	Gerald Tilrow	5/5. Hiru	NY 1,792 165, (SI S. VIEW CT) 1242 NY 1,792- WER NY 1,793	
SECRETARY		Wadimi Ri	ver NY 11792	
		C	heck 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	SERIE\$	PAR VALUE OR STATE NO PAR VALUE	
200			į į	
			No Pail Value	
				
10. An estimate, as a p	ercentage, of the proportion that	the estimated value of th	ne property of the corporation to be	
10. An estimate, as a percentage, of 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. Percentage obtained from worksheet)				
O %			•	
)			
11. An estimate, as a p	percentage, of the proportion of the	ne grass amount of busin	sess to be transported by the	
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. (Note: Percentage obtained from worksheet.)				
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12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filling.	od Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHEC	CK ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fro	om the date of filing)
Under penalty of perjury. I declare and affirm that I have examine accompanying attachments, and that all statements contained he	ed this Application for Codificate of Authority and all
Type or Print Name of Authorized Officer	· · · · · · · · · · · · · · · · · · ·
Grand Tillow	Date 09/09/20
Signature of Authorized Officer of the Corporation	

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

State of New York Department of State

\$ SS: 2020 SEP 10 PM 12: 23

I hereby certify, that the Cortificate of Incorporation of APPLE SPECIALTIES INC. was filed on 63/07/1986, 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 07/27/1985.

A Biennial Statement was filed 09/14/1998.

A Biennial Starement was filed 05/13/2000.

A Biennial Statement was filed 04/09/2002.

A Biennial Statement was filed 04/08/2004.

A Biennial Statement was filed 03/21/2006.

A Biennial Statement was filed 03/07/2008.

A Bienniel Statement was filed 03/03/2020.

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 09th day of September two thousand and twenty.

Breden C Hydra

Brendan C. Hughes Executive Deputy Secretary of State