State of Rhode Island
Department of State - Business Services Division

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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:

1. The name of the corporation is:

LONG ISLAND CAULIFLOWER ASSOCIATION

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:

LONG ISLAND CAULIFLOWER ASSOCIATION INC.

(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: 06/30/1903

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:

1283 SOUTH ROAD, WAKEFIELD, RI 02879

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name: John E. Bokina, Jr.

Street Address (NOT a P.O. Box): 1283 SOUTH ROAD

City/Town	State	Zip Code
WAKEFIELD	**RHODE ISLAND**	02879

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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BY FHBWJ

FORM 150 - Revised: 08/2020

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

AGRICULTURAL SALES

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

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	Kenneth Schmitt	4 Driftwood Ct., Shoreham, NY. 11786
VICE PRESIDENT	Robert J. Hartmann	3895 Sound Avenue, Riverhead, NY 11901
TREASURER	Dean C. Foster	729 Sagg Main St Box 384, Sagaponack NY11962
SECRETARY	Marvin Warner	3632 Sound Avenue, Riverhead, NY. 11901

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
60,000			No Par Value

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.)*

0 %

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.)*

10-12 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

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
Marvin Warner	07/09/2021

Signature of Authorized Officer of the Corporation

Marvin Warner

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.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	LONG ISLAND CAULIFLOWER ASSOCIATION
DOS ID Number:	24742
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/30/1903

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	06/30/1903
Entity Name:	LONG ISLAND CAULIFLOWER ASSOCIATION

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	11/27/1903

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	09/22/1931

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	09/22/1931

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	01/14/1935

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	12/21/1955

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	03/20/1956

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	01/18/1983

Document Type:	CERTIFICATE OF CHANGE
Date of Filing:	02/19/2010

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

WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 12, 2021 at 08:39 A.M.

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

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State of Rhode Island
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, 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:

August 20, 2021 01:30 PM

Nellie M. Gorbea
Secretary of State