



State of Rhode Island  
**Department of State - Business Services Division**

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 STATE OF RHODE ISLAND  
 BUSINESS SERVICES DIVISION  
 2021 OCT -7 P 1:01

**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:  Tropicana Products Sales, 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 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: 12/14/1960		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution		
5. The address of its principal office is:  433 W. Van Buren Street Suite 3N, Chicago, IL 60607		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02914

**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 purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Sales & Distribution of Juice Products

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		
VICE PRESIDENT		
TREASURER		
SECRETARY		

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
250	Common Stock Corp		\$0.0000

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. 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

Mary Ann Wynne

Date

09/08/2021

Signature of Authorized Officer of the Corporation

*Mary Ann Wynne*

SIGN DOCUMENT HERE

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](mailto:corporations@sos.ri.gov).

FORM 150 - Revised: 08/2020

**Tropicana Products Sales, Inc.**  
**EIN: 59-0935073**  
**Corporate Officer Information**

Name	Title	Title Role	Address Line 1	Address Line 2	City	State	Zip
Griff, Christine	Director	Board of Directors	700 Anderson Hill Road	--	Purchase	NY	10577
Nastanski, Cynthia	Director	Board of Directors	700 Anderson Hill Road	--	Purchase	NY	10577
Tipnis, Kunal	Director	Board of Directors	700 Anderson Hill Road	--	Purchase	NY	10577
Kalotiz, Patrick	President	Officer	433 W Van Buren Street	Suite 3N	Chicago	IL	60607
Kohli, Sharn	Vice President and Secretary	Officer	433 W Van Buren Street	Suite 3N	Chicago	IL	60607
Tipnis, Kunal	Vice President and Treasurer	Officer	700 Anderson Hill Road	--	Purchase	NY	10577
Laramie, Jay	Vice President and Assistant Treasurer	Officer	700 Anderson Hill Road	--	Purchase	NY	10577
Topalian, Noha Bassil	Vice President and Assistant Treasurer	Officer	700 Anderson Hill Road	--	Purchase	NY	10577
Carriello, Amy	Vice President and Assistant Secretary	Officer	1111 Westchester Avenue	--	White Plains	NY	10605
Cerquera, Courtney	Vice President and Assistant Secretary	Officer	700 Anderson Hill Road	--	Purchase	NY	10577
Hammond, Heather A	Vice President and Assistant Secretary	Officer	700 Anderson Hill Road	--	Purchase	NY	10577
Hurley, Megan M	Vice President and Assistant Secretary	Officer	1111 Westchester Avenue	--	White Plains	NY	10605
Nastanski, Cynthia	Vice President and Assistant Secretary	Officer	700 Anderson Hill Road	--	Purchase	NY	10577
Patrick, David H	Vice President and Assistant Secretary	Officer	1111 Westchester Avenue	--	White Plains	NY	10605
Belhard, Jarrell W	Vice President	Officer	7701 Legacy Dr	--	Plano	TX	75024
Roland, Stephen Martin	Vice President	Officer	700 Anderson Hill Road	--	Purchase	NY	10577

Coniaris Jeff J	Vice President	Officer	700 Anderson Hill Road	..	Purchase	NY	10577
Doyle, Jim J	Vice President	Officer	433 W Van Buren Street	Suite 3N	Chicago	IL	60607
Griff, Christine	Vice President	Officer	700 Anderson Hill Road	-	Purchase	NY	10577
Hummel, Jeffrey	Vice President	Officer	433 W Van Buren Street	Suite 3N	Chicago	IL	60607
Mariano David	Vice President	Officer	700 Anderson Hill Road	-	Purchase	NY	10577
Mcderment, Cliff M	Vice President	Officer	1001 13th Ave East		Bradenton	FL	34208
Shah, Anup	Vice President	Officer	433 W Van Buren Street	Suite 3N	Chicago	IL	60607
Ten-Cate, Lennaert	Vice President	Officer	700 Anderson Hill Road	..	Purchase	NY	10577
Wynne Mary Ann	Vice President	Officer	700 Anderson Hill Road	..	Purchase	NY	10577

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TROPICANA PRODUCTS SALES, 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 THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



560506 8300

SR# 20213160062

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204079560

Date: 09-03-21



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:

October 07, 2021 01:01 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

