RI SOS Filing Number: 202335739820 Date: 5/17/2023 11:49:00 AM



# State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Corporation
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

### **SECTION I**

The name of the corporation is Top Lock Locksmiths & Security, Inc.

SECTION II

It is incorporated under the laws of State: NY Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

### **SECTION III**

The name, if different, which it elects to use in Rhode Island:

- (a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**
- (b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

# **SECTION IV**

The date of its incorporation is 5/13/2011

and the period of its duration is X Perpetual

**SECTION V** 

The location of its principal office is

No. and Street:

11 SHEER PLAZA

City or Town:

**PLAINVIEW** 

State: NY

Zip: <u>11803</u>

Country: USA

**SECTION VI** 

The address of its proposed registered office in Rhode Island is

No. and Street:

47 WOOD AVENUE

SUITE 2

City or Town: <u>BARRINGTON</u>

State: RI

Zip: 02806

Fee: \$310.0

and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT LLC

## **SECTION VII**

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

TO PROVIDE COMMERCIAL AND RESIDENTIAL CUSTOMERS WITH LOCKSMITH SERVICES.

# **SECTION VIII**

(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).

7	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
	CEO	STUART HORNIK	580 VERONA DRIVE MELVILLE, NY 11747

DIRECTOR		STUART HORNIK	580 VERONA DRIVE MELVILLE, NY 11747 USA	580 VERONA DRIVE MELVILLE, NY 11747 USA			
(b) The names and respective addres of which it is incorporated).	ses of its princi	pal officers (mandato	ry if directors are not required under the laws of	the state or country			
Title		Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Cod	Address Address, City or Town, State, Zip Code, Country			
CEO	CEO STUART HORNIK		580 VERONA DRIVE MELVILLE, NY 11747				
DIRECTOR	DIRECTOR STUART HORNIK			580 VERONA DRIVE MELVILLE, NY 11747 USA			
SECTION IX  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:							
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares  Num of Shares				
CWP		А	\$1.0000	200.00			
this instrument constitutes the affirm individual's act and deed or the act a filing, in compliance with R.I. Gen. I By STUART HORNIK Signature of Authorized Officer of t	ation or ackno and deed of the Laws § 7-1.	wledgement of the sig corporation, and tha	This electronic signature of the individual or gnatory, under penalties of perjury, that this in the facts stated herein are true, as of the date	strument is that			
Form No. 150 Revised 09/07							
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### STATE OF NEW YORK

## DEPARTMENT OF STATE

# Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:** 

TOP LOCK LOCKSMITHS & SECURITY INC.

DOS ID Number:

4094007

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

05/13/2011

Statement Status:

PAST DUE DATE

Statement Due Date:

05/31/2021

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 April 27, 2023 at 10:13 A.M.

Brandon Co Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003388186 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ccorp.dos.ny.gov">http://ccorp.dos.ny.gov</a>

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I, GREGG M. AMORE, 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:

May 17, 2023 11:49 AM

Gregg M. Amore Secretary of State

Treg M. Coure

