

State of Rhode Island

Department of State - Business Services Division

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Application for Certificate of Authority

FOREIGN Business Corporation

2023 JUL 20 A 9:11

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of _____, 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: Pany & Lentz Engineering Company		
2. It is incorporated under the laws of: Pennsylvania		
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: 10/21/2005		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 609 Hamilton Street, Allentown, PA 18101		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 City/Town Warwick State RHODE ISLAND Zip Code 02888		

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

Engineering Services

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
Stephen Pany	1730 Crownwood Street Allentown PA 18103
Robert Clark	707 6th Avenue Bethlehem PA 18018
Matthew Baumgardt	65 Ridgeview Drive Lehighon PA 18235
Martin Smith	2073 Blossom Lane Bethlehem PA 18018

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	Stephen Pany	1730 Crownwood Street Allentown PA 18103
VICE PRESIDENT	Robert Clark	707 6th Avenue Bethlehem PA 18018
TREASURER	Matthew Baumgardt	65 Ridgeview Drive Lehighon PA 18235
SECRETARY	Matthew Baumgardt	65 Ridgeview Drive Lehighon PA 18235

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:

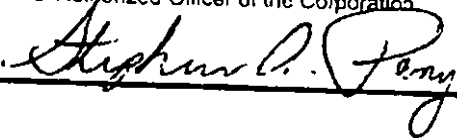
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
10,000	Common	N/A	\$0000

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.)

0.00 %

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.)

1.0 %

12. This application must be accompanied by a formation dated within 60 days of the date of this filing.		from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____		
<i>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.</i>		
Type or Print: Name of Authorized Officer		Date
Stephen A. Pany		07/12/2023
Signature of Authorized Officer of the Corporation 		

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 Rhode Island
Board of Registration for Professional Engineers



BE IT KNOWN THAT

Pany & Lentz Engineering Company

*having given satisfactory evidence of having the
qualifications required by law is hereby authorized to practice*

**Engineering as a
Corporation**

Mechanical

IN THE STATE OF RHODE ISLAND

Certificate of Authorization No.: 9361

Issued: 07/19/2023

Expires: 06/30/2024

Patricia K. Walker

Chair

Hayden D. Moore

Secretary

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Pany & Lentz Engineering Company
Request Type: Subsistence Certificate **Issuance Date:** July 19, 2023
Request No.: 018932733 **File No.:** 0000555941
Receipt No.: 000610696
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: October 21, 2005
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Pany & Lentz Engineering Company

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

July 20, 2023 09:11 AM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

