State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority

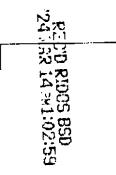
FOREIGN Business Corporation

-> Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, 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:					
SEALCOAT SUPPLIER, INC.					
2. It is incorporated under the laws of:	Massach	usetts			
3. The name, if different, which it elects to use in Rho	ode Island is:				
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereor above corporate endings for use in Rhode Island:	incorporation does not contain t	he word "corporation", "company", pration with the addition of one of the			
(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:	08/11/2020				
And the period of its duration is: CHECK ONE BOX CHECK ONE BOX Perpetual (on-going) Date certain for dissolution					
5. The address of its principal office is:					
41 INDUSTRIAL PARKWAY, WOBURN, MA 01801					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name	Cogency Global Inc.				
Street Address (<u>NOT</u> a P.O. Box)	222 Jefferson Road				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			
		FILED 1:02			

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 150- Revised. 12/2023

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
	Manufacture and s	ale of sealcoat mai	lerial	
8. (a) The names and res state or country of which	pective addresses of its directors it is incorporated):	(optional, unless di	rectors are required under the laws of the	
NAME		ADDRESS		
MICHAEL MUS	TO 555 5th Ave S. Suite 201 Na		ite 201 Naples, FL 34102	
· · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·			Check the box to indicate an attachment	
8. (b) The names and res of the state or country of	spective addresses of its principal (which it is incorporated):	officers (mandatory	r if directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	MICHAEL MUSTO	555 5t	h Ave S. Suite 201 Naples, FL 34102	
VICE PRESIDENT				
TREASURER	MICHAEL MUSTO	555 5t	555 5th Ave S. Suite 201 Naples, FL 34102	
SECRETARY	MICHAEL MUSTO	555 5t	h Ave S. Suite 201 Naples, FL 34102	
			Check the box to indicate an attachment	
9. The aggregate numbe par value, and series, if a	r of shares which it has authority to any, within a class, is:	o issue; itemized by	y classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
1,000	CNP	<u></u>	No Par Value	
		<u> </u>		
located within this state of	rcentage, of the proportion that the during the following year bears to t ever located. (Note: Percentage ob	he value of all prop	of the property of the corporation to be perty of the corporation to be owned during peet.)	
7	. •			
[%]			· · · · · · · · · · · · · · · · · · ·	
at or from places of busin transacted by the corport	ercentage, of the proportion of the ness in Rhode Island during the fol ation during the following year. (No	llowing year compa	usiness to be transacted by the corporation ared to the gross amount thereof which will be tained from worksheet)	
%				

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12. This application must be accompanied by a <u>Certificate of Germation</u> dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fi	rom the date of filing)
14. Under penalty of perjury, I declare and affirm that I have exa any accompanying attachments, and that all statements contain	amined this Application for Certificate of Authority, includin ned herein are true and correct.
Type or Print Name of Authorized Officer MiChal'/ MUSTO	Date 3/12/24
Signature of Authorized Officer of the Corporation	

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The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02133

William Francis Galvin Secretary of the Commonwealth

March 11, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

SEALCOAT SUPPLIER, INC.

is a domestic corporation organized on August 11, 2020, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



Processed By: BOD

In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Villian Trenins Galicin

Secretary of the Commonwealth

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:

March 14, 2024 01:02 PM

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Gregg M. Amore Secretary of State

