



State of Rhode Island  
Office of the Secretary of State

Fee: \$310.00

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 Ben Shaffer Recreation Inc.

SECTION II

It is incorporated under the laws of State: NJ 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 4/21/2015

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 7 CHESTERBROOK RD

City or Town: CHESTER State: NJ Zip: 07930 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806

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:

MANUFACTURER REPRESENTATIVE FIRM SELLING RECREATION EQUIPMENT AND SURFACING

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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PATRICIA MRS. TUMMINELLO	7 CHESTERBROOK RD CHESTER, NJ 07930 USA
PRESIDENT	PATRICIA MRS. TUMMINELLO	7 CHESTERBROOK RD CHESTER, NJ 07930 USA

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PRESIDENT	PATRICIA MRS. TUMMINELLO	7 CHESTERBROOK RD CHESTER, NJ 07930 USA
DIRECTOR	PATRICIA TUMMINELLO	7 CHESTERBROOK CHESTER, NJ 07930 USA
DIRECTOR	PATRICIA TUMMINELLO	7 CHESTERBROOK CHESTER, NJ 07930 USA
DIRECTOR	PATRICIA TUMMINELLO	7 CHESTERBROOK CHESTER, NJ 07930 USA
DIRECTOR	PATRICIA TUMMINELLO	7 CHESTERBROOK CHESTER, NJ 07930 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PATRICIA MRS. TUMMINELLO	7 CHESTERBROOK RD CHESTER, NJ 07930 USA
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PRESIDENT	PATRICIA MRS. TUMMINELLO	7 CHESTERBROOK RD CHESTER, NJ 07930 USA
DIRECTOR	PATRICIA TUMMINELLO	7 CHESTERBROOK CHESTER, NJ 07930 USA
DIRECTOR	PATRICIA TUMMINELLO	7 CHESTERBROOK CHESTER, NJ 07930 USA
DIRECTOR	PATRICIA TUMMINELLO	7 CHESTERBROOK CHESTER, NJ 07930 USA
DIRECTOR	PATRICIA TUMMINELLO	7 CHESTERBROOK CHESTER, NJ 07930 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 <i>Num of Shares</i>	
STK			\$0.0100	100.00

**Signed this 15 Day of October, 2024 at 12:35:07 PM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By PATRICIA TUMMINELLO  
Signature of Authorized Officer of the Corporation



**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**BEN SHAFFER RECREATION INC.**  
0400742054

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 21, 2015.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**BEN SHAFFER RECREATION INC  
7 CHESTERBROOK RD  
CHESTER, NJ 07930**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
22nd day of August, 2024*

**Elizabeth Maher Muoio  
State Treasurer**

*Certificate Number : 6156457743*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*