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 Eric Mower and Associates, 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 03/06/2025

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 1/9/1962

and the period of its duration is X Perpetual __

SECTION V

The location of its principal office is

No. and Street: 211 W JEFFERSON STREET
City or Town: SYRACUSE State: NY Zip: 13202 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 222 JEFFERSON BOULEVARD
SUITE 200
City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is PARACORP INCORPORATED

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
MARKETING STRATEGY, ADVERTISING, PUBLIC RELATIONS, PUBLIC AFFAIRS, MEDIA, SOCIAL MEDIA, PERFORMANCE MARKETING AND REPUTATION MANAGEMENT

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
SECRETARY	MARY JANE MIRANDA	9 EAST DRULLARD AVE LANCASTER, NY 14086 USA
DIRECTOR	STEPHANIE CROCKETT	201 PLYMOUTH DR SYRACUSE, NY 13206 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
SECRETARY	MARY JANE MIRANDA	9 EAST DRULLARD AVE LANCASTER, NY 14086 USA
DIRECTOR	STEPHANIE CROCKETT	201 PLYMOUTH DR SYRACUSE, NY 13206 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		VOTIN	$0.0100	1,000,000.00

Signed this 6 Day of March, 2025 at 5:24:57 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 MARY JANE MIRANDA
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	ERIC MOWER AND ASSOCIATES, INC.
DOS ID Number:	144170
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	01/09/1962
Statement Status:	CURRENT
Statement Due Date:	01/31/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	01/09/1962
Entity Name:	SILVERMAN ADVERTISING AGENCY, INC.

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	01/10/1973
Name Changed To:	SILVERMAN/MOWER ADVERTISING AGENCY, INC.

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	01/28/1985
Name Changed To:	ERIC MOWER AND ASSOCIATES, INC.

Document Type:	CERTIFICATE OF MERGER
Date of Filing:	12/24/1986

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/02/1995
Effective Date:	01/01/1994

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/07/1995
Effective Date:	01/01/1994

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	12/28/1999

Document Type:	BIENNIAL STATEMENT
Date of Filing:	01/09/2002
Effective Date:	01/01/2002

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	04/13/2006

Document Type:	BIENNIAL STATEMENT
Date of Filing:	01/30/2008
Effective Date:	01/01/2008

Document Type:	BIENNIAL STATEMENT
Date of Filing:	02/26/2010
Effective Date:	01/01/2010

Document Type:	BIENNIAL STATEMENT
Date of Filing:	04/11/2014
Effective Date:	01/01/2014

Document Type:	BIENNIAL STATEMENT
Date of Filing:	01/14/2016
Effective Date:	01/01/2016

Document Type:	BIENNIAL STATEMENT
Date of Filing:	09/18/2018
Effective Date:	01/01/2018

Document Type:	BIENNIAL STATEMENT
Date of Filing:	06/14/2022
Effective Date:	01/01/2022

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	07/29/2022

Document Type:	BIENNIAL STATEMENT
Date of Filing:	01/04/2024

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 February 07, 2025 at 11:50 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007435566 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.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:

March 06, 2025 05:22 PM

Gregg M. Amore
Secretary of State