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 Rose Brand Wipers, 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 04/01/2025

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 3/5/1929

and the period of its duration is X Perpetual __

SECTION V

The location of its principal office is

No. and Street: 4 EMERSON LANE
City or Town: SECAUCUS State: NJ Zip: 07094 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 CORPORATION SERVICE COMPANY

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
MANUFACTURER OF CUSTOM DRAPERY AND TRACK SYSTEMS FOR ENTERTAINMENT INDUSTRY, RESELLER OF THEATRICAL SUPPLIES SUCH AS FABRIC, PAINT, TAPE, HARDWARE

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	JOSHUA JACOBSTEIN	40 GLENWOOD ROAD MONTCLAIR, NJ 07043 USA

PRESIDENT	JOSHUA JACOBSTEIN	40 GLENWOOD ROOAD MONTCLAIR, NJ 07043 USA
CFO	KEVIN COUGHLIN	247 WHITFORD AVE NUTLEY, NJ 07110 USA
SHAREHOLDER	ERIC JACOBSTEIN	6705 RIVER TRAIL CT. BETHESDA, MD 20814 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	JOSHUA JACOBSTEIN	40 GLENWOOD ROAD MONTCLAIR, NJ 07043 USA
PRESIDENT	JOSHUA JACOBSTEIN	40 GLENWOOD ROOAD MONTCLAIR, NJ 07043 USA
CFO	KEVIN COUGHLIN	247 WHITFORD AVE NUTLEY, NJ 07110 USA
SHAREHOLDER	ERIC JACOBSTEIN	6705 RIVER TRAIL CT. BETHESDA, MD 20814 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*	
CNP		A	$0.0000	1,000.00
CNP		B	$0.0000	1,000.00

Signed this 30 Day of March, 2025 at 11:10:22 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 JOSHUA JACOBSTEIN
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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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:	ROSE BRAND WIPERS, INC.
DOS ID Number:	25533
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	03/05/1929
Statement Status:	CURRENT
Statement Due Date:	03/31/2025

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 March 10, 2025 at 11:08 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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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 30, 2025 11:08 PM

Gregg M. Amore
Secretary of State