

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:

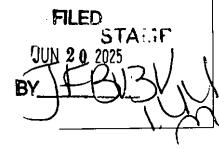
1. The name of the corporation is:					
Zambelli Fireworks Manufacturing Co.					
2. It is incorporated under the laws of Pennsylvan	nia				
3. The name, if different, which it elects to use in Rhode Island is:					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain 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: 08/03/1960					
And the period of its duration is: CHECK ONE BOX	ONLY				
X Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:	_				
280 Executive Drive, Suite 100 Cranberry Township PA 16066					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name C T Corporation System					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence	State	RHODE ISLAND	Zip Code 02914		

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



8. (a) The names and restate or country of whice			(optional, unless d	irectors are required under the laws of the	
NAME		Α	ADDRESS		
Melanic Zambelli 280 Executive Drive, S		e, Suite 100 Cranberry	y Township PA 16066		
Dr. George R Zambelli, Jr 280 Executive Drive, Si		Suite 100, Cranberry To	ite 100, Cranberry Township PA 16066		
				Check the box to indicate an attachment	
8. (b) The names and roof the state or country of			officers (mandatory	y if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	George Zambelli		280 Executive	280 Executive Drive, Suite 100 Cranberry Township PA 16066	
VICE PRESIDENT	Melanie Zambelli		280 Executive	280 Executive Drive, Suite 100 Cranberry Township PA 16066	
TREASURER	Michael Hartman		280 Executive	280 Executive Drive, Suite 100 Cranberry Township PA 16066	
SECRETARY	Michael Hartman		280 Executive	280 Executive Drive, Suite 100 Cranberry Township PA 16066	
	<u> </u>		<u> </u>	Check the box to indicate an attachment	
9. The aggregate number par value, and series, i			to issue; itemized b	y classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
10,000	Common			0	
					
10 An estimate as a	parcentage of	the proportion that t	he estimated value	of the property of the corporation to be	
located within this state the following year, whe	e during the foll	lowing year bears to	the value of all pro	perty of the corporation to be owned during	
0	/o				
11. An estimate, as a	percentage, of	e Island during the f	ollowing year comp	ousiness to be transacted by the corporation ared to the gross amount thereof which will betained from worksheet.)	

12. This application must be accompanied by a <u>Certificate of Good St</u> formation dated within 60 days of the date of this filing.	anding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK Of	NE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the	e date of filing)
14. Under penalty of perjury, I declare and affirm that I have examined any accompanying attachments, and that all statements contained he	
Type or Print Name of Authorized Officer	Date 6/19/2025
Karla M. Karanza, Controller	
Signature of Authorized Officer of the Corporation	-
Karla M. Karanza	

AND PROPOSE BUILDING TO THE OF THE

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:

ZAMBELLI FIREWORKS MANUFACTURING CO.

Request Type:

Subsistence Certificate

Issuance Date: June 18, 2025

Request No.:

058703020

File No.:

0000399209

Receipt No.:

001795432

Filing Type:

Domestic Business Corporation

Filing Subtype:

Business

Initial Filing Date: August 03, 1960

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

LDO HEREBY CERTIFY THAT

ZAMBELLI FIREWORKS MANUFACTURING CO.

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

Men Sehmi

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