



**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 Martino Re Insurance Services Inc.

**SECTION II**

It is incorporated under the laws of State: DE 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 9/30/2024

and the period of its duration is  Perpetual

**SECTION V**

The location of its principal office is

No. and Street: 10 STATE HOUSE SQUARE, FL 11

City or Town: HARTFORD

State: CT

Zip: 06103

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 10 DORRANCE STREET #700

City or Town: PROVIDENCE

State: RI

Zip: 02903

and the name of its proposed registered agent in Rhode Island at that address is CORPORATE CREATIONS NETWORK INC.

**SECTION VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

INSURANCE SERVICES

**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	KEITH ROUX	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 USA
TREASURER	MATTHEW CANNAN	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 USA
SECRETARY	CHRISTOPHER LYNAM	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 USA

VICE PRESIDENT	MATTHEW CANNAN	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 USA
DIRECTOR	MICHAEL TREISMAN	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 USA
DIRECTOR	MATTHEW CANNAN	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	KEITH ROUX	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 USA
TREASURER	MATTHEW CANNAN	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 USA
SECRETARY	CHRISTOPHER LYNAM	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 USA
VICE PRESIDENT	MATTHEW CANNAN	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 USA
DIRECTOR	MICHAEL TREISMAN	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 USA
DIRECTOR	MATTHEW CANNAN	10 STATE HOUSE SQUARE, FL 11 HARTFORD, CT 06103 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>	
CWP			\$0.0100	1,000.00

**Signed this 30 Day of June, 2025 at 3:19:14 PM by the officer(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 MATTHEW CANNAN  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

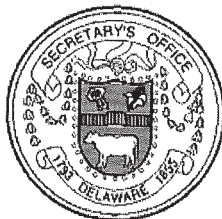
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# Delaware

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The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARTINO RE INSURANCE SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2025.



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SR# 20253183165

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*C. P. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204051119

Date: 06-26-25



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:

June 30, 2025 03:17 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

