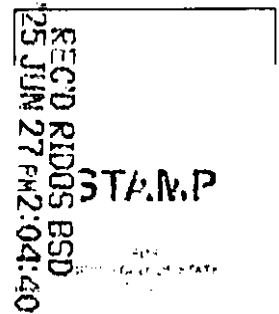




State of Rhode Island
Department of State - Business Services Division



Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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: The Lane Press, Inc.		
2. It is incorporated under the laws of: State of Vermont		
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: 5/9/1924 And the period of its duration is: CHECK ONE BOX ONLY ☒ Perpetual (on-going) Date certain for dissolution _____		
5. The address of its principal office is: 87 Meadowland Drive, South Burlington, VT 05403		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name C T Corporation System Street Address (<u>NOT</u> 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

FILED
STAMP
JUN 27 2025
BY Y15 YI 19

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

Printing of quality magazines for various entities; the majority of which are alumni magazines.

8. (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):

NAME	ADDRESS
Philip Drumheller	P.O. Box 130, Burlington, VT 05402
Joseph Duwan	P.O. Box 130, Burlington, VT 05402
Karen Wallin	P.O. Box 130, Burlington, VT 05402

Check the box to indicate an attachment

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT	Philip Drumheller	P.O. Box 130, Burlington, VT 05402
VICE PRESIDENT	N/A	
TREASURER	Karen Wallin	P.O. Box 130, Burlington, VT 05402
SECRETARY	Joseph Duwan	P.O. Box 130, Burlington, VT 05402

Check the box to indicate an attachment

9. 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:

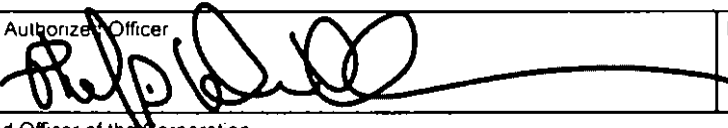
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
2,000	Common		No Par Value

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0.00 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

04.29 %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
☒ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date of filing) _____	
14. <i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer Philip M. Drumbheller	 Date 06/26/2025
Signature of Authorized Officer of the Corporation	



STATE OF VERMONT
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING

I, **SARAH COPELAND HANZAS**, the Secretary of State of the state of Vermont, hereby certify in accordance with 11 V.S.A. § 1.28, that on this day, the records of the Office of the Secretary of State show that:

THE LANE PRESS, INC.

a Vermont domestic business corporation

IS DULY ORGANIZED under the laws of the state of Vermont; that it was incorporated on the 9th day of June, A.D. 1924; that all fees and penalties owed to the state of Vermont under 11A V.S.A. § 1.22 of this title have been paid; that its most recent annual report required under 11A V.S.A. § 16.22 has been delivered to the Secretary of State; and that articles of dissolution have not been filed for this corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of office on this on this 26th day of June, A.D. 2025.



Sarah Copeland Hanzas
Secretary of State

Record No.: 044962
Certificate No.: C2025CT0111981

Certificate may be verified online at:
<https://bizfilings.vermont.gov/business/verifycertificate>

