RI SOS Filing Number: 202224341000 Date: 10/26/2022 3:29:00 PM



Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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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:

or that purpose submits the following statement:						
The name of the corporation is:						
Perrotti Warehouse & sales Corp.						
. It is incorporated under the laws of: The State of Massachusetts						
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: October 212, 1999						
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:						
89 Cliff Street Douglas, MA 01516						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name Patrick Tierney						
Street Address (NOT a P.O. Box) 785 Nooseneck Hill Road #6, 7& 8						
City/Town West Greenwich01	State RHODE ISLAND	Zip Code 02817				

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 329 STAMP OCT 262022 BY WS GARTZ

• • • • • • • • • • • • • • • • • • • •				ousiness in Rhode Island are:
MON	nbing Supply	y 0716	<i>5</i>	
8. (a) The names and restate or country of whice		directors (option	onal, unless di	rectors are required under the laws of the
NAME			Al	DDRESS
		<u> </u>		
				Check the box to indicate an attachment
* *	espective addresses of its of which it is incorporated):	•	rs (mandatory	if directors are not required under the laws
OFFICE	NAME		ADDRESS	
PRESIDENT	Raymond J Perrotti		19 Woodside Lane Flemington, NJ 08822	
VICE PRESIDENT	Kerry DeWees		11 Coventry Circle Flemington, NJ 08822	
TREASURER	Patrick Tierney		13 Manton Street East Greenwich, RI 02818	
SECRETARY				
	<u></u>	<u> </u>		Check the box to indicate an attachment
9. The aggregate numb		authority to issu	ie; itemized by	y classes, par value of shares, shares without
NUMBER OF SHARES	CLASS	S	ERIES	PAR VALUE OR STATE NO PAR VALUE
2000	Common			No Par Value
10. An estimate, as a p	ercentage, of the proportion	on that the est	imated value of	of the property of the corporation to be
located within this state		bears to the va	lue of all prop	perty of the corporation to be owned during
100 %				
at or from places of bus	percentage, of the proporti siness in Rhode Island duri pration during the following	ing the following	ng year compa	usiness to be transacted by the corporation ared to the gross amount thereof which will be tained from worksheet.)
100 %	ó			

12. This application must be accompanied by a <u>Certificate of Good S</u> formation dated within 60 days of the date of this filing.	tanding/Letter of Status from the state or country of			
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)				
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.				
Type or Print Name of Authorized Officer	Date			
Patrick Tierney	10/18/2022			
Signature of Authorized Officer of the Corporation				



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

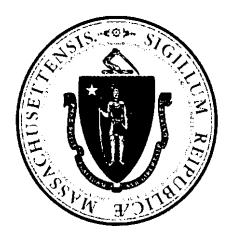
Date: October 20, 2022

To Whom It May Concern:

I hereby certify that according to the records of this office,

PERROTTI WAREHOUSING & SALES, CORP.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth

Cheat Sear Of the Commonwearth

William Travin Galein

on the date first above written.

Secretary of the Commonwealth

Certificate Number: 22100390230

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: Nma

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I, NELLIE M. GORBEA, 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:

October 26, 2022 03:29 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

