

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

# **Certificate of Authority**

**FOREIGN 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:

The name of the corporation is:				
SUNRAY ENTERPRISE, INC.				
2. It is incorporated under the laws of: GEORG	214			
3. The name, if different, which it elects to use in R				
(a) If the name of the corporation in its jurisdiction "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	of incorporation does not contain eof, then list the name of the corp	the word "corporation", "company", poration with the addition of one of the		
(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:				
Sunray Enterprise of RI, Inc.				
4. The date of its incorporation is: 09/11/2002				
And the period of its duration is: CHECK ONLY ON	NE BOX			
Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
3621 Vinings Slope SE. Suite 4310. Atlanta. GA 30339				
6. The name and address of the initial registered agent/office of in Rhode Island:				
Agent Name Mr. John D'Amico				
Street Address (NOT a P.O. Box) 28 Spring Street.				
City/Town Pawtucket	State RHODE ISLAND	Zip Code <b>02860</b>		

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
FEB 0 1 2017
BY 2014 1087

10 CONGUCT INFORMATI	ion lecnnology	Consulting Services	s and Information	of business in Rhode Island are: ion Technology Staffing Services.		
8. (a) The names and state or country of whi	respective addre	sses of its directors	(optional, unless	directors are required under the laws of the		
NAME		1		ADDRESS		
Ravi Srinivasan		4735 Polo Ln. Atla		ADDITEGO		
Sunitha Shivaram		4735 Polo Ln. Atia	nta, GA 30339			
R (h) The names and	respective addres	and of its principal (	/ndata	Check the box to indicate an attachment.		
of the state or country of	of which it is inco	ાses or its principai છે. prporated):	fficers (manualoi	ory if directors are not required under the laws		
OFFICE		NAME	T	ADDRESS		
PRESIDENT	Ravi Srinivasa	an	4735 Polo Ln	n. Atlanta GA 30339		
VICE PRESIDENT	Ravi Srinivasa	an	4735 Polo Ln	n. Atlanta GA 30339		
TREASURER	Sunitha Shiva	ram	4735 Polo Ln	n. Atlanta GA 30339		
SECRETARY	Sunitha Shivar	ram	4735 Polo Ln	n. Atlanta GA 30339		
				Check the box to indicate an attachment.		
<ol><li>The aggregate number par value, and series, if</li></ol>	er of shares whic f any, within a cla	th it has authority to i	issue; itemized b	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
1,000,000	<u> </u>	1001		No par value		
	·					
	<u></u>			<del>-</del>		
10. (a) Estimate, in doll owned by the corporation ocated:	llars, the value of	· · · · · · · · · · · · · · · · · · ·	(b) Estimate, in d	dollars, the value of the corporation's property thin Rhode Island during the following year:		
\$_3,000,000				\$		
viumi uno state during tr	ine iollowing year i	Dears to the value of	it all property of th	property of the corporation to be located the corporation to be owned during the 100 to obtain the percentage.		

11 (a) Estimate in dellars the array and the in	<del></del>					
11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the transacted by the corporation Rhode Island during the follows:	gross amount of business to be on at or from places of business in lowing year.				
\$_10,000,000	<sub>©</sub> 500,000					
	Ψ					
(c) Estimate, as a percentage, the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. Note percentage.	1 VAR compared to the areas	management the area of the state of				
<b>5</b> %						
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.						
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX						
✓ Date received (Upon filing)						
Later effective date (Date must be no more than 90 days from the day of filing)						
Under penalty of perjury, I declare and affirm that I have examaccompanying attachments, and that all statements contained	nined this Application for Cen d herein are true and correct.	tificate of Authority, including any				
Type or Print Name of Authorized Officer		Date				
Ravi Srinivasan		01/30/2017				
Signature of Authorized Officer of the Corporation	i/\	<u> </u>				
SIGN DOCU	MENT HERE	100				

Control Number: 0247747

## STATE OF GEORGIA

**Secretary of State Corporations Division** 

313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### SUNRAY ENTERPRISE, INC.

### a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> :09/11/2002 : Georgia :01/30/2017

: 13969601

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date Form Number

> Brian P. Kemp Secretary of State

