RI SOS Filing Number: 201755303970 Date: 12/22/2017 11:35:00 AM

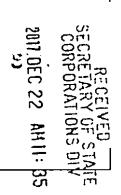


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



## Application for Certificate of Authority Foreign Business Corporation

Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>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:	
Kinvolved Inc.	
2. It is incorporated under the laws of:	State of New York
3. The name, if different, which it elects to use in Rhod	e Island is:
· · ·	corporation does not contain the word "corporation", "company", then list the name of the corporation with the addition of one of
	nd, then set forth below the fictitious name under which the sland as stated in the "Fictitious Business Name Statement" to
4. The date of its incorporation is:	July 26, 2012
And the period of its duration is: CHECK ONLY ONE I Perpetual (on-going)	вох
Date certain for dissolution	
5. The address of its principal office is:	
25 Broadway, 12th Floor, New York NY 10004-1000	

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Form No. 150 Revised: 2016

6. The name and addres	ss of the initial	registered ag	ent/office of	in Rhode Island:		
Agent Name C T Corpo	ration System					
Street Address (NOT a 8 450 Veterans Memorial	· · · · · · · · · · · · · · · · · · ·	7A		<u>,                                      </u>		•
City/Town			State		Zip Code	
East Providence			RHO	DE ISLAND	02914	
7. The purpose or purpo	ses which it pr	oposes to pu	rsue in the t	ransaction of bus	iness in Rhode Island are:	
Provide a to				that helps improve : d teachers to paren	student attendance, and ts.	
8. (a) The names and re state or country of which			irectors (opti	onal, unless direc	ctors are required under the laws of t	the
NAME			ADDRESS			
		_				
		,				
				Chec	k the box to indicate an attachment.	
8. (b) The names and re laws of the state or cour	•	•		ers (mandatory if	directors are not required under the	
OFFICE	NAME			ADDRESS		
PRESIDENT	MIRIAM ALTMAN			2 NORTHSIDE PIERS 20L, BROOKLYN, NY 11249		
VICE PRESIDENT						
TREASURER						
SECRETARY	ALEXANDRA MEIS			88 CLIFTON PLACE APT 423, JERSEY CITY, NJ 07304		
				Check	the box to indicate an attachment.	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•		asses, par value of shares, shares	
without par value, and s			SERI		DAD VALUE OD STATE NO DAD VALUE	
NUMBER OF SHARES	CLASS		SEKI	E5	PAR VALUE OR STATE NO PAR VALUE	
2,000,000	Commo				\$0.001	
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Form No. 150 Revised: 2016

<ol> <li>(a) Estimate, in dollars, the value of all proper located:</li> </ol>	ty to be owned by the corporation for the followi	ng year, wherever		
\$ 10,000				
(b) Estimate, in dollars, the value of the corporation year:	n's property to be located within Rhode Island d	uring the following		
\$				
(c) Estimate, as a percentage, the proportion that within this state during the following year bears to following year, wherever located. Note: Divide (10)	the value of all property of the corporation to be	owned during the		
%	,			
11. (a) Estimate, in dollars, the gross amount of bus	siness to be transacted by the corporation during	the following year.		
\$ 1.2 million				
(b) Estimate, in dollars, the gross amount of busine in Rhode Island during the following year.	ess to be transacted by the corporation at or from	m places of business		
\$_\$100,000				
(c) Estimate, as a percentage, the proportion of the or from places of business in Rhode Island during be transacted by the corporation during the following percentage.	the following year compared to the gross amou	nt thereof which will		
<u>8.333</u> %				
12. This application must be accompanied by a Ce officer of the state or country under the laws of whit document.				
13. Date when the Certificate of Authority will be ef	fective: CHECK ONLY ONE BOX			
Date received (Upon filing)				
Later effective date (Date must be no more th	an 90 days from the day 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.				
Signature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer	Date		
STON DEPAIMENT HEBE	Miriam Altman	12/17/2017		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of KINVOLVED INC. was filed on 07/26/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of October two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State RI SOS Filing Number: 201755303970 Date: 12/22/2017 11:35:00 AM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

December 22, 2017 11:35 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

