



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JAN 16 PM 12:11
**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:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| 1. The name of the corporation is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |          |
| SELECT SALT INCORPORATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |          |
| 2. It is incorporated under the laws of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |          |
| ONTARIO, CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |          |
| 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:<br><br>(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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |          |
| MARCH 20, 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |          |
| And the period of its duration is: CHECK ONLY ONE BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |          |
| <input checked="" type="checkbox"/> Perpetual (on-going)<br><input type="checkbox"/> Date certain for dissolution _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |          |
| 5. The address of its principal office is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |          |
| 3 SHELBY PLACE<br>GUELPH, ONTARIO, N1K 1W7, CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |          |
| 6. The name and address of the initial registered agent/office of in Rhode Island.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |          |
| Agent Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |          |
| PARASEARCH, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |          |
| Street Address (NOT a P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |          |
| 222 Jefferson Blvd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |          |
| City/Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State        | Zip Code |
| Warwick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RHODE ISLAND | 02888    |

**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**

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BY 321819

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

Decorating walls of client's retail space with Himalayan salt.

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 |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |

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      | Mr. Rafal Wozalka  | 88 Harbour Street - Unit 6608<br>Toronto, Ontario M5T 1B7 |
| VICE PRESIDENT | Mr. Tomasz Wozalka | 3 Shelby Place<br>Guelph, Ontario N1K1W7                  |
| TREASURER      |                    |                                                           |
| SECRETARY      |                    |                                                           |

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 |
|------------------|---------|--------|---------------------------------|
| 50,000           | COMMON. | —      | No par Value.                   |
|                  |         |        |                                 |
|                  |         |        |                                 |
|                  |         |        |                                 |

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:

\$ 350,000

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year

\$ 40,000

(c) Estimate, **as a percentage**, 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: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.*

11 %

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.<br><br><div style="text-align: center; font-size: 1.2em;">\$ <u>825,000</u></div>                                                                                                                                                                                                                                                                 | (b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.<br><br><div style="text-align: center; font-size: 1.2em;">\$ <u>60,000</u></div> |
| (c) Estimate, <b>as a percentage</b> , 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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i><br><br><div style="text-align: center; font-size: 1.2em;"><u>7.0</u> %</div> |                                                                                                                                                                                                                                                      |
| 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: <b>CHECK ONLY ONE BOX</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                      |
| <input checked="checked" type="checkbox"/> Date received (Upon filing)                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                      |
| <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<br><br><div style="text-align: center; font-size: 1.2em;">Mr Rafal Wrzalka</div>                                                                                                                                                                                                                                                                                                                                                   | Date<br><br><div style="text-align: center; font-size: 1.2em;">January 09 2018</div>                                                                                                                                                                 |
| Signature of Authorized Officer of the Corporation<br><br><div style="text-align: center;"> <br/>           SIGN DOCUMENT HERE         </div>                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                      |



## Certificate of Compliance

*Canada Business Corporations Act*  
s. 263.1

## Certificat de conformité

*Loi canadienne sur les sociétés par actions*  
art. 263.1

Select Salt Incorporated

Corporate name / Dénomination sociale

1015361-3

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation  
named above:

- exists under the *Canada Business Corporations Act*;
- has filed the required annual returns; and
- has paid all prescribed fees required.

JE CERTIFIE, par la présente, que la société ci-  
dessus mentionnée :

- existe en vertu de la *Loi canadienne sur les sociétés par actions*;
- a déposé les rapports annuels exigés; et
- a acquitté les droits prescrits.

Virginie Ethier

Director / Directeur

2018-01-05

Issuance date (YYYY-MM-DD)  
Date d'émission (AAAA-MM-JJ)



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

January 16, 2018 12:11 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

