RI SOS Filing Number: 201856210690 Date: 1/16/2018 12:11:00 PM



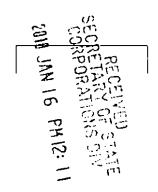
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of RIGL <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:

The name of the corporation is.					
SELE	ECT SALT INC	CORPORATED			
It is incorporated under the laws of:					
ON	itario, canac	A			
3 The name, if different, which it elects to use in Rh	ode Island is:				
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation therecabove 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. MARCH 20, 2017					
And the period of its duration is: CHECK ONLY ONE BOX					
Perpetual (on-going)					
Date certain for dissolution					
5 The address of its principal office is: 3 SHELBY PLACE					
	LPH, ONTARIO,	NIKIWT, CANAPA			
6 The name and address of the initial registered ago	ent/office of in Rhode Island:				
Agent Name PAR ASEARCH, Inc.					
Street Address (NOT a P.O. Box) 222	Jefferson Bh	vd.			
City/Town Warwick	State RHODE ISLAND	Zip Code 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 purpo	oses which it pr	oposes to pu	rsue in the	transaction of b	usiness in Rho	de Island a	re [.]
Decoration	a wall	2 0b	clie	16te	ail spa	ce a	rith
Decoration Himal	ayan	Salt.			•		
8 (a) The names and re state or country of whic			rectors (or	otional, unless dir	ectors are requ	uired under	the laws of the
NAME	ii it is incorpora	ADDRESS					
		ADDITESS					
· · · · · · · · · · · · · · · · · · ·				•			_
		 _					
		<u> </u>		(Check the box	to indicate a	an attachment
8. (b) The names and re			ıncipal offi				
of the state or country o	of which it is inco			T .			
OFFICE PRESIDENT		NAME		ADDRESS 88 Harbour Street - 4nit 6608			
TRESIDENT	Mr. Rafal	Corza	11Ca	Toronto	Ontario	M 5 J	187
VICE PRESIDENT	Mr. Tonas	z Wiza	lka	3 shelby Guelph	Place	MIKIW	7
TREASURER				·		•	
SECRETARY						٠.	
	<u></u> .				Chaple the how	to indicate	0.0.0110.01.00.01
9. The aggregate number	er of shares wh	ich it has autl	hority to is				an attachmentes_shares without
par value, and series, if			, 10		Oldobbo, pai Vi	arac or arrar	
NUMBER OF SHARES	CLASS	5		SERIES			E NO PAR VALUE
50,000	COHHO	<u>N</u>			No	bal 1	10lue.
							
	 			<u>.</u> .			
10. (a) Estimate, in dol	lars, the value of	of all property	to be (b) Estimate, in do	ollars, the value	e of the corp	poration's property
owned by the corporation located:			rever to	o be located with			following year
s	50,00	00		\$	40,00	>O	
/a\							
(c) Estimate, as a perce within this state during t following year, wherever	he following yea	ar bears to the	e value of	all property of th	e corporation to	o be owned	during the
%		·	·			v	

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year. \$\frac{\\$25,000}{\}\$	Rhode Island during the follow	at or from places of business in
(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. <i>Note centage</i> . 7.0 %	year compared to the gross ar	mount thereof which will be
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporate	f Good Standing/Letter of Statu d that is dated within 60 days o	is issued by the proper officer of fithe filing of this document
13. Date when the Certificate of Authority will be effective: C	HECK ONLY ONE BOX	•
Date received (Upon filing) Later effective date (Date must be no more than 90 day	rs from the day of filing)	
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contain		ficate of Authority, including any
Type or Print Name of Authorized Officer Mr Rafal L	Vrzalka	January 09 2018
Signature of Authorized Officer of the Corporation SIGN DEC	DIVIDA HI-RIT	
/		

Certificat de conformité				
Loi canadienne sur les sociétés par actions art. 263.1				
t Incorporated				
/ Dénomination sociale				
15361-3				
nber / Numéro de société				
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.				
ie Ethian				
ie Ethier				
r / Directeur				

Issuance date (YYYY-MM-DD) Date d'émission (AAAA-MM-JJ) RI SOS Filing Number: 201856210690 Date: 1/16/2018 12:11:00 PM



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

Nellie M. Gorbea Secretary of State

Tullin U. Soler

