



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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STATE
SECRETARY OF STATE
CORPORATIONS DIV
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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: Toray Industries (America), Inc.		
2. It is incorporated under the laws of: Delaware		
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: 12/17/1997 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 461 Fifth Ave. 9th Floor New York, NY 10017		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Ms. Lisa A. Ahart Toray Plastics (America), Inc Street Address (<u>NOT</u> a P.O. Box) 50 Belver Ave. City/Town North Kingstown State RHODE ISLAND Zip Code 02852		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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

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. Minoru Yoshinaga	1930 Broadway #16D New York, NY 10023
VICE PRESIDENT	Mr Richard Schloeesser	4138 West Cayton Mountain Drive, Marana AZ 85658
TREASURER	Mr. Masahiro Yamamoto	339 Halstead Ave. Apt 2B, Harrison NY 10528
SECRETARY	Mr. Masahiro Yamamoto	339 Halstead Ave. Apt 2B, Harrison NY 10528

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
600	Common Stock		No par value

10. An estimate, **as a percentage**, of 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: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of 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. (Note: Percentage obtained from worksheet.)

0 %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input type="checkbox"/> Date received (Upon filing)	
<input checked="" type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) <u>7/1/2018</u>	
<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 Masahiro Yamamoto	Date 6/18/2018
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE	

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TORAY INDUSTRIES (AMERICA), INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TORAY INDUSTRIES (AMERICA), INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 1997.

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Jeffrey W. Bullock, Secretary of State

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SR# 20185148044

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202887887

Date: 06-14-18



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:

June 28, 2018 10:31 AM

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

