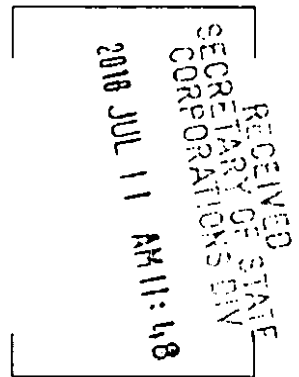




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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: CulinArt, Inc.		
2. It is incorporated under the laws of: New York		
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: 08/29/1994 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: 175 Sunnyside Blvd., Plainview, NY 11803		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporation Service Company Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200 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 an 334644

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

Food service provider

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
Charles Palmer Brown	2400 Yorkmont Road, Charlotte, NC 28217
Adrian Meredith	2400 Yorkmont Road, Charlotte, NC 28217

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	Thomas Eich	175 Sunnyside Blvd., Plainview, NY 11803
VICE PRESIDENT	Charles Palmer Brown	2400 Yorkmont Road, Charlotte, NC 28217
TREASURER	Daniel Thomas	2400 Yorkmont Road, Charlotte, NC 28217
SECRETARY	Jennifer McConnell	2400 Yorkmont Road, Charlotte, NC 28217

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
200.00	Common		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.)

0.3 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date 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.

Type or Print Name of Authorized Officer

Jennifer McConnell-Executive Vice President, GC & Secretary

Date

07/09/18

Signature of Authorized Officer of the Corporation

 JENNIFER McCONNELL HERE

CulinaArt, Inc.

Name	Title	Primary Business Address
Buote, Kristin Elizabeth	Assistant Secretary	3 International Drive, Rye Brook, NY 10573
Brown, Charles Palmer	Director	2400 Yorkmont Road, Charlotte, NC 28217
Brown, Charles Palmer	Executive Vice President	2400 Yorkmont Road, Charlotte, NC 28217
DeIano, Deborah Kay	Assistant Secretary-Tax	2400 Yorkmont Road, Charlotte, NC 28217
Eich, Thomas	President and CEO	175 Sunnyside Blvd., Plainville, NY 11803
McConnell, Jennifer	Executive Vice President, General Counsel & Secretary	2400 Yorkmont Road, Charlotte, NC 28217
Meredith, Adrian Llewellyn	Director	2400 Yorkmont Road, Charlotte, NC 28217
Rossich, Richard James	Assistant Secretary	2400 Yorkmont Road, Charlotte, NC 28217
Thomas, Daniel Malcolm	Treasurer	2400 Yorkmont Road, Charlotte, NC 28217

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

I hereby certify, that the Certificate of Incorporation of CULINART, INC. was filed on 08/29/1994, 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.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of July
two thousand and eighteen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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STATE
SECRETARY OF STATE
CORPORATIONS DIV
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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:

July 11, 2018 11:48 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

