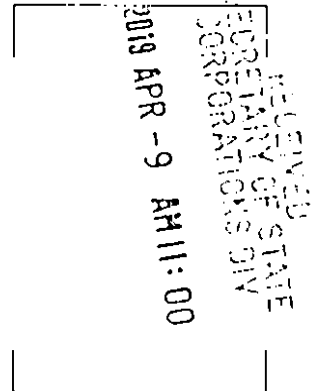




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



## 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:		
BATTERY SYSTEMS, INC.		
2. It is incorporated under the laws of:  California		
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:  3/11/2003		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is:		
12322 Monarch St. Garden Grove, California 92841		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Business Filings International, Inc.		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Suite 7A		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02914

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)


11:00


**FILED**

APR 09 2019

BY XDEX8


FORM 150 Revised 12/2017

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

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
Bradley Streelman	12322 Monarch St, Garden Grove, California 92841

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	Bradley Streelman	12322 Monarch St, Garden Grove, California 92841
VICE PRESIDENT	Bradley Streelman	12322 Monarch St, Garden Grove, California 92841
TREASURER	Bradley Streelman	12322 Monarch St, Garden Grove, California 92841
SECRETARY	Bradley Streelman	12322 Monarch St, Garden Grove, California 92841


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
100,000	Common		0

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.) 




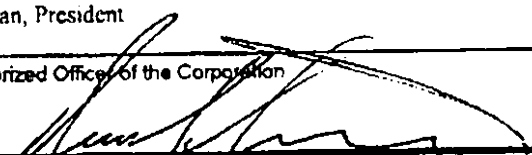
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Attachment to Application for Authority  
For  
BATTERY SYSTEMS, INC.

8b. Additional officers:

CEO: Bradley Streelman, 12322 Monarch St, Garden Grove, California 92841

CFO: Bradley Streelman, 12322 Monarch St, Garden Grove, California 92841

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 checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date 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 Bradley Steelman, President	Date 7-5-19
Signature of Authorized Officer of the Corporation 	

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](mailto:corporations@sos.ri.gov).

**State of California**  
**Secretary of State**  
CERTIFICATE OF STATUS

ENTITY NAME:

BATTERY SYSTEMS, INC.

RECEIVED STATE  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 APR -9 AM 11:00

FILE NUMBER: C2510256  
FORMATION DATE: 03/11/2003  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of March 29, 2019.

ALEX PADILLA  
Secretary of State

CMH



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:

April 09, 2019 11:00 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*

