



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

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**Application for Certificate of Authority**

FOREIGN Business Corporation

2019 NOV 20 AM 11:59

→ 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:<br><br>SOLARIS PHARMA CORPORATION  |  |  |
| 2. It is incorporated under the laws of:<br>New Jersey  |  |  |
| 3. The name, if different, which it elects to use in Rhode Island is:<br><br>(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: 10 / 22 / 2014<br><br>And the period of its duration is: <b>CHECK ONE BOX ONLY</b><br><input checked="" type="checkbox"/> Perpetual (on-going)<br><input type="checkbox"/> Date certain for dissolution _____  |  |  |
| 5. The address of its principal office is: 1031 RT 202-206, Suite G-200<br><br>Bridgewater NJ 08807   |  |  |
| 6. The name and address of the initial registered agent/office in Rhode Island:<br><br>Agent Name Registered Agents Inc<br><br>Street Address (NOT a P.O. Box) One Richmond Square, STE 125B<br><br>City/Town Providence State RHODE ISLAND Zip Code 02906  |  |  |

**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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BY E. Q. D. D. D.  
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FORM 150 - Revised 12/2017

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

Virtual Pharmaceutical Manufacturer

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      | Srinivasan Raghavan | 1031 RT 202-206 Suite G-200<br>Bridgewater NJ 08801  |
| VICE PRESIDENT | Shalin Jani         | 1031 RT 202-206, Suite G-200<br>Bridgewater NJ 08801 |
| TREASURER      | Srinivasan Raghavan | 1031 RT 202-206, Suite G-200<br>Bridgewater NJ 08801 |
| SECRETARY      |                     | 1031 RT 202-206, Suite G-200<br>Bridgewater NJ 08801 |

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 |
|------------------|--------|--------|---------------------------------|
| 23,569,000       | Common |        | 0.001                           |
|                  |        |        |                                 |
|                  |        |        |                                 |
|                  |        |        |                                 |

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 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

Shalin Jani

Date

11/11/2019

Signature of Authorized Officer of the Corporation

SIGN DOCUMENT HERE



**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**SOLARIS PHARMA CORPORATION**

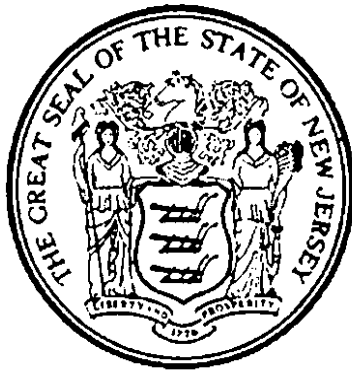
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*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 22, 2014.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

SRINIVASAN RAGHAVAN  
1031 ROUTE 202-206  
SUITE G-200  
BRIDGEWATER, NJ 08807



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
24th day of October, 2019*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number 6101806213

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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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:

November 20, 2019 11:59 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*

