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State of Rhode Island	d and Providence Plantations		·				
(U) Department of							
Application for Am FOREIGN Business Co		1020 FEB					
\rightarrow Filing Fee: \$75.00 (\$235 for an increase in authorized shares)							
Pursuant to the provisions of R Amended Certificate of Authori he following statement:	IGL <u>7-1.2-1411</u> , the undersign ty to transact business in the \$	ed foreign corporation hereby a State of Rhode Island, and for th	applies for an hat purpose submits				
1. Entity ID Number:	2. The name of the co	2. The name of the corporation is:					
000789958	Aria Retirem	Aria Retirement Solutions, Inc.					
3. It is incorporated under the laws of: 4. List the date the Certificate of Authority was issued in the certificate of Authority was in the certificat		ssued by the					
		05/01/2012	05/01/2012				
5. If the entity's name has	changed,						
state the new name:							
6 The name if different w	hich it elects to use in Rho	de latera d'an	Check box to indicate n	o change 🗸			
(a) If the name of the corporated," or "limited," above corporate endings for	or an abbreviation thereof,	ncorporation does not contai , then list the name of the co	in the word "corporation," "co rporation with the addition of	mpany," one of the			
				- ••			
(b) If the corporate name is corporation will transact but	not available in Rhode Isla siness in Rhode Island as	and, then set forth below the stated in the "Fictitious Busin	fictitious name under which the set of the s	the filed with this			
application.							
7. If the entity's purpose is	changing complete the follo	owing section: •The new purp	pose should include ALL activity	to bel			
transacted in the State of Rho	de Island.			- #5			
				01. C			
				••			
				. <u>1</u> .			
Check the box to indicate an attachment							
			Check box to indicate n	o change			
MAIL TO:				··•			
Division of Business Service	-		FILED C	2			
148 W. River Street, Providence, Rhode Island 02904-261 Phone: (401) 222-3040			FILED C FEB 1 7 2020 BY <u>CIR</u> 661	11:58			
Nebsite: www.sos.ri.gov							
f you have any questions	, please call us at (401) 23	22-3040, Monday through F	BY <u>/ // 662</u>	<u>147</u> 1			

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.

FORM 151 - Revised: 12/2017

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NUMBER OF SHARES 7,000,000 1,199,625	CLASS Common Preferred Preferred	SERIES N/A A	PAR VALUE OR STATE NO PAR VALUE			
			\$0.0001	\$0.0001 \$0.0001		
			\$0.0001			
2,337,383		В	\$0.0001			
heck the box to indicate	e an attachment		Check	k box to indicate	no change	
f the corporation to be le	ocated within this sta poration to be owned	portion that the estimated va ate during the following year during the following year, w	bears to the value	0	%	
e transacted by the corp ne following year compa	poration at or from pl ared to the gross amo	portion of the gross amount laces of business in Rhode bunt thereof which will be tra Percentage obtained from w	Island during ansacted by the	0	%	
. As required by RIGL 7	-1,2-105, the corpora	ation has paid all fees and t	axes.	·	•	
0. Except as herein modereby confirmed, ratified	dified, the original Ap d and incorporated b	oplication for Certificate of A y reference into this Applica	uthority continues in ition for Amended Ce	full force and ef	fect and is ority.	
1. Date when the Amen	ded Certificate of Au	thority will be effective: CHE	CK ONE BOX ONL	Y	e	
✓ Date received (Upor	n filing)	······································				
Later effective date	(Date must be no mo	ore than 90 days from the d	ate of filing)			
Inder penalty of perjury, ncluding any accompany	I declare and affirm ying attachments, an	that I have examined this A Ind that all statements contai	pplication for Ameno ned herein are true a	led Certificate of and correct.	f Authority,	
lame of Authorized Offic	cer of the Corporation	n		Date		
(aren Chang, Chief Fir	2/14/20	* •				
ignature of Authorized (Officer			<u> </u>		

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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:

February 17, 2020 11:58 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

