RI SOS Filing Number: 202066669030 Date: 10/20/2020 12:07:00 PM



Application for Certificate of Authority FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and

or that purpose submits the following statement:						
The name of the corporation is:						
Unique Designs, Inc.						
2. It is incorporated under the laws of: New York						
3. The name, if different, which it elects to use in Rh	ode 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: Kiran Jewels, Inc.						
4. The date of its incorporation is: April 17, 199	5					
And the period of its duration is: CHECK ONE BOX	CONLY					
(
Perpetual (on-going)						
Perpetual (on-going) Date certain for dissolution						
<u> </u>						
Date certain for dissolution	3, NJ 07094					
Date certain for dissolution	·					
Date certain for dissolution 5. The address of its principal office is: 425 Meadowlands Parkway, 2nd Floor, Secaucus 6. The name and address of the initial registered ag Agent Name Corporation Service Company	ent/office in Rhode Island:					
Date certain for dissolution 5. The address of its principal office is: 425 Meadowlands Parkway, 2nd Floor, Secaucus 6. The name and address of the initial registered ag	ent/office in Rhode Island:					

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

(a) The names and re state or country of which	spective addre	esses of its direction (ted):	ectors (or	tional, unless di	irectors are required under the laws of the	
NAME				ADDRESS		
Tejas Shah 425		425 Meadov	25 Meadowlands Pkwy, 2nd Fl., Secaucus, NJ 07094			
		425 Meadowlands Pkwy, 2nd Fl., Secaucus, NJ 07094				
		425 Meadow	25 Meadowlands Pkwy, 2nd Fl., Secaucus, NJ 07094			
					Check the box to indicate an attachment [
8. (b) The names and re of the state or country o	espective addre	sses of its pri orporated):	ncipal offic	cers (mandatory	y if directors are not required under the laws	
OFFICE		NAME			ADDRESS	
PRESIDENT	Tejas Shah			425 Meadowlands Pkwy, 2nd Fl., Secaucus, NJ 07094		
ANGE PRESIDENTRX n/a	n/a					
TREASURER	Sapnil Khara	<u> </u>		425 Meadowla	ands Pkwy, 2nd Fl., Secaucus, NJ 07094	
SECRETARY	Akshie Shah			425 Meadowla	ands Pkwy, 2nd Fl., Secaucus, NJ 07094	
					Check the box to indicate an attachment	
The aggregate number par value, and series, if	er of shares wh any, within a cl	iich it has auth lass, is:	nority to is	sue; itemized by	y classes, par value of shares, shares witho	
NUMBER OF SHARES	CLASS	S		SERIES	PAR VALUE OR STATE NO PAR VALUE	
5000	Common		Class A V	oting/	no par	
2500	Common	nmon Class B \		/oting	no par	
10000	Preferred	1	Non-Votir	ng	no par	
	during the follo	wing year bea	ars to the	value of all prop	of the property of the corporation to be perty of the corporation to be owned during theet.)	

12. This application must be accompanied by a <u>Certificate of</u> formation dated within 60 days of the date of this filing.	Good Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CI	HECK ONE BOX ONLY
✓ Date received (Upon filing)✓ Later effective date (Date must be no more than 90 days)	s from the date of filing)
Under penalty of perjury, I declare and affirm that I have exer accompanying attachments, and that all statements contains	mined this Application for Certificate of Authority, including any old herein are true and correct.
Type or Print Name of Authorized Officer	Date
Tejas Shah	10/13/2020
Signature of Authorize Officer of the Corporation SIGN DOCU	JMENT HERE

State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of UNIQUE DESIGNS, INC. was filed on 04/17/1995, under the name of C & Y CREATION, INC., 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.

A Certificate of Amendment C & Y CREATION, INC., changing its name to C&Y CREATIONS, INC., was tiled 03/26/2001.

A Certificate of Amendment C&Y CREATIONS, INC., changing its name to UNIQUE DESIGNS, INC., was filed 09/12/2001.



Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of October two thousand and twenty.

Brendan C. Hughes

Executive Deputy Secretary of State

Breden C Hylan

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

October 20, 2020 12:07 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

