State of Rhode Island
Department of State - Business Services Division

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BUS. SVCS. DIV.
2021 MAY 11 PM 12:45

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:

Mindful Souls B.V.

2. It is incorporated under the laws of:

The Netherlands

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:

Mindful Souls B.V. Ltd

(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: 06/14/2018

And the period of its duration is: **CHECK ONE BOX ONLY**

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

2e Van Leyden Gaelstraat 1g, 3134LH, Vlaardingen, Netherlands

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name

Registered Agents Inc.

Street Address (NOT a P.O. Box)

47 Wood Ave. Suite 2

City/Town	State	Zip Code
Barrington	**RHODE ISLAND**	02806

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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FORM 150 - Revised 08/2020

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

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	Aleksandra Bake	2e Van Leyden Gaelstraat 1g, 3134LH, Vlaardingen, Netherlands
VICE PRESIDENT	Armantas Bakas	2e Van Leyden Gaelstraat 1g, 3134LH, Vlaardingen, Netherlands
TREASURER		
SECRETARY		

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	common		$12

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	Date
Aleksandra Bake, President	05/07/2021

Signature of Authorized Officer of the Corporation

Aleksandra Bake

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.

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Business Register extract
Netherlands Chamber of Commerce

CCI number 71678823

The company / organisation does not want its address details to be used for unsolicited postal advertising or visits from sales representatives

Legal entity

RSIN	858885232
Legal form	Besloten Vennootschap (comparable with Private Limited Liability Company)
Statutory name	Mindful Souls B.V.
Corporate seat	Vlaardingen
First entry in Business Register	14-06-2018
Date of deed of incorporation	13-06-2018
Issued capital	EUR 1.000,00
Paid up capital	EUR 1.000,00

Company

Trade name	Mindful Souls B.V.
Company start date	13-06-2018 (registration date 14-06-2018)
Activities	SBI-code 47914 - Retail sale via internet of apparel and clothing accessories
Employees	0

Establishment

Establishment number	000040031993
Trade name	Mindful Souls B.V.
Visiting address	2e van Leyden Gaelstraat 1 G 3134LH Vlaardingen
Internet address	www.mindfulsouls.com
Date of incorporation	13-06-2018 (registration date 14-06-2018)
Activities	SBI-code 47914 - Retail sale via internet of apparel and clothing accessories For further information on activities, see Dutch extract
Employees	0

Board member

Name	Bake, Aleksandra
Date of birth	01-07-1992
Date of entry into office	13-06-2018 (registration date 14-06-2018)
Powers	Solely/ independently authorised

Extract was made on 30-04-2021 at 20:14 hours

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This extract has been certified with a digital signature and is an official proof of registration in the Business Register. You can check the integrity of this document and validate the signature in Adobe at the top of your screen. The Chamber of Commerce recommends that this document be viewed in digital form so that its integrity is safeguarded and the signature remains verifiable.

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State of Rhode Island
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, 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:

May 11, 2021 12:45 PM

Nellie M. Gorbea
Secretary of State