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## **Department of State - Business Services Division**

R.I. DEPT. OF STATE BUS SVCS DIV |

2021 NOV 22 A 9:53

# **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

STAMP

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SECUTION OF	JUL.	

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:

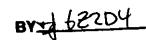
1. The name of the corporation is:					
Toray International America Inc.					
2. It is incorporated under the laws of:  New York					
3. The name, if different, which it elects to use in Rhode Island is:					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the 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: 6/23/1998					
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:					
461 Fifth Ave. 9th Floor, New York, NY 10017					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name C T Corporation System					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Pkwy #7A					
City/Town East Providence	State RHODE ISLAND	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

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
A home office employee will start to work in RI from January 2022. She is managing sales and marketing functions.				
8. (a) The names and re	espective addresses	of its directors (or	ntional unless	directors are required under the laws of the
state or country of which	h it is incorporated):	or its an esters (or	Monal, amess	of the laws of the
NAME	AE			ADDRESS
· · · · · · · · · · · · · · · · · · ·				
				-
				Check the box to indicate an attachment
8. (b) The names and re of the state or country o	espective addresses of which it is incorpora	of its principal offi ited):	cers (mandato	ory if directors are not required under the laws
OFFICE	NAM	IE		ADDRESS
PRESIDENT	Mr. Ichiro Nishimura	3	160 West 62	and Street39FNew York, NY 10023
VICE PRESIDENT	Mr. Kazuhiko Ishiha	ra	3088 Baze F	RoadAPT 335San Mateo, CA 94403
TREASURER				
SECRETARY	Mr. Naoki Numata		1510 Lexing	ton Ave.#4NNew York, NY 10029
	1			Check the box to indicate an attachment
9. The aggregate numb par value, and series, if	er of shares which it l	has authority to is	sue; itemized	by classes, par value of shares, shares without
NUMBER OF SHARES	CLASS	<u> </u>	SERIES	PAR VALUE OR STATE NO PAR VALUE
82,020	Common	N/A	3211123	\$1
		<del>-</del> <del>-</del> -		
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.)				
_	ever located. (14016. 1	-ercentage obtain	nea trotti work	isneet.)
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 %			v	,

12. This application must be accompanied by a Certificate of formation dated within 60 days of the date of this filing.	f Good Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: C	HECK ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 day	rs from the date of filing)
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contains	mined this Application for Certificate of Authority, including any ed herein are true and correct.
Type or Print Name of Authorized Officer	Date
Naoki Numata	11/18/2021
Signature of Authorized Officer of the Corporation	
Naoki Numata	

#### STATE OF NEW YORK

### DEPARTMENT OF STATE

#### Certificate of Status

I. ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** 

TORAY INTERNATIONAL AMERICA INC.

**DOS ID Number:** 

2272434

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

06/23/1998

Statement Status:

**CURRENT** 

Statement Due Date:

06/30/2022

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 01, 2021 at 04:49 P.M.

Brandon C. Highen

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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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:

November 22, 2021 09:53 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

