



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Corporation  
Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the corporation is S. Rays, Inc.

**SECTION II**

It is incorporated under the laws of State: KY Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

**SECTION III**

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application*

**SECTION IV**

The date of its incorporation is 10/31/2012

and the period of its duration is  Perpetual

**SECTION V**

The location of its principal office is

No. and Street: 40 KINGBROOK PARKWAY  
SUITE 1

City or Town: SIMPSONVILLE State: KY Zip: 40067 Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD  
SUITE 200

City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is INCORP SERVICES, INC.

**SECTION VII**

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

ANY LAWFUL PURPOSE; SALES OF EYEWEAR AND ACCESSORIES

**SECTION VIII**

(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).

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT    | CHRISTOPHER D RATTERMAN                               | 40 KINGBROOK PARKWAY, SUITE 1<br>SIMPSONVILLE, KY 40067 USA       |
| DIRECTOR     | CHRISTOPHER D RATTERMAN                               | 40 KINGBROOK PARKWAY, SUITE 1<br>SIMPSONVILLE, KY 40067 USA       |

(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).

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT    | CHRISTOPHER D RATTERMAN                               | 40 KINGBROOK PARKWAY, SUITE 1<br>SIMPSONVILLE, KY 40067 USA       |
| DIRECTOR     | CHRISTOPHER D RATTERMAN                               | 40 KINGBROOK PARKWAY, SUITE 1<br>SIMPSONVILLE, KY 40067 USA       |

**SECTION IX**

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:

| <b>Class of Stock</b> | <b>Series of Stock</b> | <b>Par Value Per Share</b> | <b>Total Authorized Shares</b><br><i>Num of Shares</i> |          |
|-----------------------|------------------------|----------------------------|--|----------|
| CNP                   |                        |                            | \$0.0000   | 1,000.00 |

**Signed this 30 Day of December, 2022 at 4:11:33 PM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By CHRISTOPHER D RATTERMAN  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 281725  
Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**S. Rays, Inc.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is October 31, 2012 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 29<sup>th</sup> day of November, 2022, in the 231<sup>st</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
281725/0841724



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:

December 30, 2022 04:08 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

