RI SOS Filing Number: 202331196320 Date: 3/27/2023 4:27:00 PM



# State of Rhode Island Office of the Secretary of State

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 Pineapple Hospitality Company

SECTION II

It is incorporated under the laws of State: WA 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:

# SPHI Pineapple Company

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 3/12/2013

and the period of its duration is X Perpetual

SECTION V

The location of its principal office is

No. and Street:

155 108TH AVE NE

**SUITE 500** 

City or Town: <u>BELLEVUE</u>

State: WA

Zip: <u>98004</u>

Country: <u>USA</u>

Zip: 02888

Fee: \$310.0

**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

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENT SOLUTIONS INC.

#### **SECTION VII**

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

## HOTEL MANAGEMENT

# **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).

it is incorporated).									
Title	Individual Name	Address							
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country							

ш			
ı	PRESIDENT	TODD BOYSEN	155 108TH AVE NE STE 500
ı			BELLEVUE, WA 98004 USA
ı	SECRETARY	MICHELLE BARNET	155 108TH AVE NE STE 500
			BELLEVUE, WA 98004 USA
	DIRECTOR	TODD BOYSEN	155 108TH AVE NE STE 500
ı			BELLEVUE, WA 98004 USA
	DIRECTOR	MICHELLE BARNET	155 108TH AVE NE STE 500
			BELLEVUE, WA 98004 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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country			
PRESIDENT	TODD BOYSEN	155 108TH AVE NE STE 500 BELLEVUE, WA 98004 USA			
SECRETARY	MICHELLE BARNET	155 108TH AVE NE STE 500 BELLEVUE, WA 98004 USA			
DIRECTOR	TODD BOYSEN	155 108TH AVE NE STE 500 BELLEVUE, WA 98004 USA			
DIRECTOR	MICHELLE BARNET	155 108TH AVE NE STE 500 BELLEVUE, WA 98004 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:

	Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares  Num of Shares	
ı	CWP			\$0.1000	1,000.00

**Signed this 27 Day of March, 2023 at 4:28:17 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 TODD BOYSEN

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## **CERTIFICATE OF EXISTENCE**

OF

### PINEAPPLE HOSPITALITY COMPANY

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/12/2013.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/20/2023 UBI Number: 603 284 307

R Hollie

STATE OF WASHING 1889 MOTOR

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/20/2023

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I, GREGG M. AMORE, 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:

March 27, 2023 04:27 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

