



**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 RAINFOREST DISTRIBUTION CORP.

**SECTION II**

It is incorporated under the laws of State: NY 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 3/9/2012

and the period of its duration is  Perpetual

**SECTION V**

The location of its principal office is

No. and Street: 47 WOOD AVE SUITE 2  
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE SUITE 2  
City or Town: BARRINGTON State: RI Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT LLC

**SECTION VII**

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

WHOLESALE OF GROCERY AND RELATED ITEMS

**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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ALEXANDRE REIS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	ALEXANDER RIDINGS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA

SECRETARY	ALEXANDER RIDINGS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
VICE PRESIDENT	ALEXANDER RIDINGS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	ALEXANDRE REIS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	ALEXANDER RIDINGS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 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	ALEXANDRE REIS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	ALEXANDER RIDINGS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
SECRETARY	ALEXANDER RIDINGS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
VICE PRESIDENT	ALEXANDER RIDINGS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	ALEXANDRE REIS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	ALEXANDER RIDINGS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 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 <i>Num of Shares</i>	
CWP			\$0.0000	5,000,000.00

**Signed this 3 Day of July, 2024 at 11:16:22 AM 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 ALEXANDRE REIS  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:** RAINFOREST DISTRIBUTION CORP.  
**DOS ID Number:** 4214497  
**Entity Type:** DOMESTIC BUSINESS CORPORATION  
**Entity Status:** EXISTING  
**Date of Initial Filing with DOS:** 03/09/2012  
  
**Statement Status:** CURRENT  
**Statement Due Date:** 03/31/2026

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 July 03, 2024 at 10:05 A.M.

WALTER T. MOSLEY  
Secretary of State

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>





State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

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:

July 03, 2024 11:15 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

