



**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 Sunday Afternoons, Inc.

SECTION II

It is incorporated under the laws of State: OR 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 6/1/2000

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 340 A STREET, SUITE 1

City or Town: ASHLAND State: OR Zip: 97520 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 340 A STREET, SUITE 1

City or Town: ASHLAND State: RI Zip: 97520

and the name of its proposed registered agent in Rhode Island at that address is JESSICA BARKER

SECTION VII

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

SUNDAY AFTERNOONS DESIGNS AND MANUFACTURES HEADWEAR AND ACCESSORIES. THE COMPANY SELLS PRODUCTS THROUGH WHOLESALE AND RETAIL DISTRIBUTION. SUNDAY

AFTERNOONS SELLS PRODUCT DIRECT TO CONSUMERS IN RHODE ISLAND THROUGH THE WEBSITE.

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
CFO	KAREN MATHEWSON	340 A STREET, SUITE 1 ASHLAND, OR 97520 UNI
CFO	KAREN MATHEWSON	340 A STREET, SUITE 1 ASHLAND, OR 97520 UNI
CFO	KAREN MATHEWSON	340 A STREET, SUITE 1 ASHLAND, OR 97520 UNI
CFO	KAREN MATHEWSON	340 A STREET, SUITE 1 ASHLAND, OR 97520 UNI
OTHER OFFICER	KAREN A MATHEWSON	,
OTHER OFFICER	KAREN A MATHEWSON	,
OTHER OFFICER	KAREN A MATHEWSON	,
OTHER OFFICER	KAREN A MATHEWSON	,

(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
CFO	KAREN MATHEWSON	340 A STREET, SUITE 1 ASHLAND, OR 97520 UNI
CFO	KAREN MATHEWSON	340 A STREET, SUITE 1 ASHLAND, OR 97520 UNI
CFO	KAREN MATHEWSON	340 A STREET, SUITE 1 ASHLAND, OR 97520 UNI
CFO	KAREN MATHEWSON	340 A STREET, SUITE 1 ASHLAND, OR 97520 UNI
OTHER OFFICER	KAREN A MATHEWSON	,
OTHER OFFICER	KAREN A MATHEWSON	,
OTHER OFFICER	KAREN A MATHEWSON	,
OTHER OFFICER	KAREN A MATHEWSON	,

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>	
STK			\$0.0100	652.00

Signed this 27 Day of September, 2024 at 2:53:15 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 KAREN MATHEWSON
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 3940475

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

SUNDAY AFTERNOONS, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.



Lavonne Griffin-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 9/27/2024



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or use the QR code to check their current status.