



**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 CE LAX INC

**SECTION II**

It is incorporated under the laws of State: NC 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 02/21/2025

**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 1/7/2013

and the period of its duration is ☒ Perpetual ☐

**SECTION V**

The location of its principal office is

No. and Street: 25 GREENWOOD LANE

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 25 GREENWOOD LANE

City or Town: LINCOLN

State: RI

Zip: 02865

and the name of its proposed registered agent in Rhode Island at that address is TEGAN TORPEY

**SECTION VII**

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

SPORTS EDUCATION

### 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	TEGAN TORPEY	25 GREENWOOD LANE LINCOLN, RI 02865 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	TEGAN TORPEY	25 GREENWOOD LANE LINCOLN, RI 02865 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>	
CNP			\$0.0000	1,000.00

**Signed this 21 Day of February, 2025 at 8:49:31 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 TEGAN TORPEY  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

© 2007 - 2025 State of Rhode Island  
All Rights Reserved



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

**CE LAX INC.**

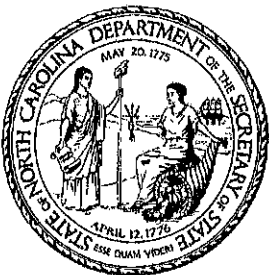
is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of January, 2013, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of January, 2025.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.



1/6/2022

CA202414900525

**BUSINESS CORPORATION ANNUAL REPORT**

NAME OF BUSINESS CORPORATION:

CE Lax Inc.

SOSID: 1294980

Date Filed: 5/28/2024

Elaine F. Marshall

North Carolina Secretary of State

CA2024 149 00525

SECRETARY OF STATE ID NUMBER: 1294980STATE OF FORMATION: NCREPORT FOR THE FISCAL YEAR END: 12/31/2023

Filing Office Use Only

**SECTION A: REGISTERED AGENT'S INFORMATION**1. NAME OF REGISTERED AGENT: Tegan M Torpey

2. SIGNATURE OF THE NEW REGISTERED AGENT: \_\_\_\_\_

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

☒ Changes

3. REGISTERED AGENT OFFICE STREET ADDRESS &amp; COUNTY

3011 Lodge DriveJamestown, NC 27282-8533 Guilford

4. REGISTERED AGENT OFFICE MAILING ADDRESS

3011 Lodge DriveJamestown, NC 27282-8533 Guilford**SECTION B: PRINCIPAL OFFICE INFORMATION**1. DESCRIPTION OF NATURE OF BUSINESS: LACROSSE SPORTS EDUCATION2. PRINCIPAL OFFICE PHONE NUMBER: (336) 617-6602

3. PRINCIPAL OFFICE EMAIL: \_\_\_\_\_

Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS

3011 Lodge DriveJamestown, NC 27282-8533 Guilford

5. PRINCIPAL OFFICE MAILING ADDRESS

3011 Lodge DriveJamestown, NC 27282-8533 Guilford

6. Select one of the following if applicable. (Optional see instructions)

☐

The company is a veteran-owned small business

☐

The company is a service-disabled veteran-owned small business

**SECTION C: OFFICERS** (Enter additional officers in Section E.)NAME: Tegan Torpey

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: President

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

3011 Lodge DrJamestown, NC 27282 Guilford**SECTION D: CERTIFICATION OF ANNUAL REPORT.** Section D must be completed in its entirety by a person/business entity.

SIGNATURE

Form must be signed by an officer listed under Section C of this form.

3.22.24

DATE

Tegan Torpey

Print or Type Name of Officer

President

Print or Type Title of Officer

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$25

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525