RI SOS Filing Number: 202570808680 Date: 4/21/2025 3:22:00 PM



State of Rhode Island

Department of State - Business Services Division

Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL <u>7-1,2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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1. Entity ID Number:	2. The name of the corporation is:						
000821376	YJ Sign Inc						
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:					
California		08/15/2013					
5 If the entity's name has changed, state the new name.							
Check box to indicate no change ✓							
The name, if different, which	n it elects to use in Rhode Island	d is:					
 (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island. (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 							
7. If the entity's purpose is chatransacted in the State of Rhode	Justand.	ection: *The new purpose should include ALL activity to be Check box to indicate no change					
Check the box to indicate an a	ittachment []	Check box to indicate no change					

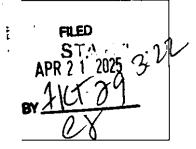
MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



8. If there has been an in *List ALL authorized sh		zed shares of the corporation	on complete the folio	owing section.		
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE	OR STATE NO PAR VALUE		
10,000	Common	N/A	No par va	No par value		
Check the box to indicate	an attachment		Check	box to indicate no change		
of the corporation to be lo	ocated within this stated oration to be owned	portion that the estimated va- te during the following year during the following year, w	bears to the value	0 %		
8b. An estimate, as a per be transacted by the corp the following year compa corporation during the following	.02					
9. As required by RIGL 7-	1,2-105, the corpora	ition has paid all fees and ta	axes.			
		plication for Certificate of Ai reference into this Applica				
11. Date when the Amended Certificate of Authority will be effective. CHECK ONE BOX ONLY						
Date received (Upon		ire than 90 days from the da	ate of filing)			
		irm that I have examined thi d that all statements contair		ended Certificate of Authority, and correct		
Name of Authorized Officer of the Corporation				Date		
Yousif Jacob	04/16/2025					
Signature of Authorized Officer						

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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:

April 21, 2025 03:22 PM

Gregg M. Amore

Tregs M. Coure

Secretary of State

