RI SOS Filing Number: 202576186340 Date: 6/20/2025 1:06:00 PM



State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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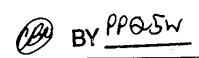
or that purpose submits the following statement:	
1. The name of the corporation is:	
Duomo, Inc.	
2. It is incorporated under the laws of: California	
3. The name, if different, which it elects to use in Rhode Island is:	
(a) If the name of the corporation in its jurisdiction of incorporation does not 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 t above corporate endings for use in Rhode Island:	he
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to filed with this application:	be
4. The date of its incorporation is: 9/18/2019	
And the period of its duration is: CHECK ONE BOX ONLY	
X Perpetual (on-going)	
Date certain for dissolution	
5. The address of its principal office is:	
5190 Golden Foothills Parkway El Dorado Hills, CA 95762	
6. The name and address of the initial registered agent/office in Rhode Island:	
Agent Name Registered Agent Solutions, Inc.	
Street Address (NOT a P.O. Box) 222 Jefferson Blvd. Suite 200	
City/Town Warwick State RHODE ISLAND Zip Code 02888	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov FILED 1:06 P

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7. The purpose or purpo	ses which it pr	roposes to pursue in the	transaction of b	ousiness in Rhode Island are:	
Sales of beauty proc					
,					
(a) The names and re state or country of which			ptional, unless di 	rectors are required under the laws of the	
NAME		ADDRESS			
Chris McCarley	5190 Golden Foothi		ls Parkway El D	orado Hills, CA 95762	
Jonathan Klein	5190 Golden Foothi		lls Parkway El [Dorado Hills, CA 95762	
Raymond Salomon		5190 Golden Foothills Parkway El Dorado Hills, CA 95762			
		- MARIAN			
				Check the box to indicate an attachment	
8. (b) The names and re of the state or country o			icers (mandator)	if directors are not required under the laws	
OFFICE		NAME	ADDRESS		
PRESIDENT	Chris McCarley		5190 Golden Foothills Parkway El Dorado Hills. CA 95762		
VICE PRESIDENT	Jonathan Klein		5190 Golden Foothills Parkway El Dorado Hills, CA 95762		
TREASURER					
SECRETARY	Raymond Salomon		5190 Golder CA <u>95762</u>	n Foothills Parkway El Dorado Hills,	
				Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if			ssue; itemized b	y classes, par value of shares, shares without	
NUMBER OF SHARES			SERIES	PAR VALUE OR STATE NO PAR VALUE	
1000	Common			\$0.001	
					
located within this state	during the foll	owing year bears to the	value of all prop	of the property of the corporation to be perty of the corporation to be owned during	
the following year, wher	ever located. (ivole. Fercentage obla	niga nom warksi	1001./	
%					
at or from places of bus	iness in Rhode	e Island during the follo	wing year compa	usiness to be transacted by the corporation ared to the gross amount thereof which will be tained from worksheet.)	
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at or from places of bus transacted by the corpo	iness in Rhode tration during t	e Island during the follo	wing year compa	ared to the gross amount thereof which will	

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12. This application must be accompanied by a <u>Ce</u> formation dated within 60 days of the date of this fil		tter of Status from the state or country of
13. Date when the Certificate of Authority will be eff	fective: CHECK ONE BOX C	NLY
☑ Date received (Upon filing)	i	
	an 90 days from the date of f	ling)
14. Under penalty of perjury, I declare and affirm th any accompanying attachments, and that all staten		
Type or Print Name of Authorized Officer	į	Date
Raymond Salomon		6/12/25
Signature of Authorized Officer of the Corporation		

RI DOS MADE NON-SUBSTANTIVE EDITS

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.



Secretary of StateCertificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

DUOMO, INC.

Entity No.:

4318725

Registration Date:

09/18/2019

Entity Type:

Stock Corporation - CA - General

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 19, 2025.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 328924842

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

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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:

June 20, 2025 01:06 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

