RI SOS Filing Number: 202576310600 Date: 6/27/2025 12:44:00 PM



# State of Rhode Island Office of the Secretary of State

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)

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The name of the corporation is Cabinet Restylers, Inc.

### SECTION II

It is incorporated under the laws of State: OH 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 7/13/1989

and the period of its duration is X Perpetual

**SECTION V** 

The location of its principal office is

No. and Street:

116 AGNES RD STE 200

City or Town: KNOXVILLE

State: <u>TN</u> Zip: <u>37919</u>

State: RI

Country: <u>USA</u>

Zip: <u>02861</u>

Fee: \$310.0

**SECTION VI** 

The address of its proposed registered office in Rhode Island is

No. and Street: 700 NARRAGANSETT PARK DR STE 100

City or Town: PAWTUCKET

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:

### MANUFACTURE KITCHEN CABINET DOORS AND DRAWER FRONTS

### **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	ROBERT ERIC THIEL	116AGNES RD STE 200 KNOXVILLE, TN 37919 US
PRESIDENT	ROBERT ERIC THIEL	116AGNES RD STE 200 KNOXVILLE, TN 37919 US

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PRESIDENT	ROBERT ERIC THIEL	116AGNES RD STE 200 KNOXVILLE, TN 37919 US
TREASURER	PAMELA THIEL	116 AGNES RD STE 200
		KNOXVILLE, TN 37919 US
TREASURER	PAMELA THIEL	116 AGNES RD STE 200 KNOXVILLE, TN 37919 US
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VICE PRESIDENT	PAMEL THIEL	116 AGNES RD STE 200 KNOXVILLE, TN 37919 US
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	VICE PRESIDENT	PAMEL THIEL	116 AGNES RD STE 200 KNOXVILLE, TN 37919 US	
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(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Countr
PRESIDENT	ROBERT ERIC THIEL	116AGNES RD STE 200 KNOXVILLE, TN 37919 US
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SECRETARY

KNOXVILLE, TN 37919 US

116 AGNES RD STE 200 KNOXVILLE, TN 37919 US

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### **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  Num of Shares	
CNP			\$0.0000	500.00

Signed this 27 Day of June, 2025 at 12:44:38 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 PAMELA THIEL

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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# UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CABINET RESTYLERS, INC., an Ohio corporation, Charter No. 753260, having its principal location in Ashland, County of Ashland, was incorporated on July 13, 1989 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of May, A.D. 2025.

**Ohio Secretary of State** 

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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 27, 2025 12:44 PM

Gregg M. Amore Secretary of State

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