

**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 IThe name of the corporation is Samuel Shaw Enterprises, Inc.**SECTION II**It is incorporated under the laws of State: FL Country: USAThis 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 09/15/2025**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:

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Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IVThe date of its incorporation is 2/7/2019and the period of its duration is X Perpetual **SECTION V**

The location of its principal office is

No. and Street: 764 BLIND OAK CIRCLECity or Town: SAINT AUGUSTINEState: FLZip: 32095Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 700 NARRAGANSETT PARK DRSTE 100City or Town: PAWTUCKETState: RIZip: 02861and 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:

WWE WRESTLER - PERFORMANCES & APPEARANCES IN STATE**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	SAMUEL SHAW	764 BLIND OAK CIRCLE SAINT AUGUSTINE, FL 32095 UNI

PRESIDENT	SAMUEL SHAW	764 BLIND OAK CIRCLE SAINT AUGUSTINE, FL 32095 UNI
VP	CHRISTINA CHUTINO SHAW	764 BLIND OAK CIRCLE SAINT AUGUSTINE, FL 32095 UNI
VP	CHRISTINA CHUTINO SHAW	764 BLIND OAK CIRCLE SAINT AUGUSTINE, FL 32095 UNI

(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	SAMUEL SHAW	764 BLIND OAK CIRCLE SAINT AUGUSTINE, FL 32095 UNI
PRESIDENT	SAMUEL SHAW	764 BLIND OAK CIRCLE SAINT AUGUSTINE, FL 32095 UNI
VP	CHRISTINA CHUTINO SHAW	764 BLIND OAK CIRCLE SAINT AUGUSTINE, FL 32095 UNI
VP	CHRISTINA CHUTINO SHAW	764 BLIND OAK CIRCLE SAINT AUGUSTINE, FL 32095 UNI

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 15 Day of September, 2025 at 10:41:39 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 SAMUEL SHAW
Signature of Authorized Officer of the Corporation

State of Florida

Department of State

I certify from the records of this office that SAMUEL SHAW ENTERPRISES, INC. is a corporation organized under the laws of the State of Florida, filed on February 7, 2019.

The document number of this corporation is P19000013238.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on March 30, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eleventh day of September,
2025*




Secretary of State

Tracking Number: 4936803413CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

September 15, 2025 10:41 AM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

