RI SOS Filing Number: 202057067810 Date: 9/22/2020 1:04:00 PM



## **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:

1. Entity ID Number:	2. The name of the corporation is:		
000668224	International Cruise & Excursion Gallery, Inc.		
3. It is incorporated under the laws of:		List the date the Certificate of Authority was issued by the RI Department of State:	
DE		05/20/2011	
5. If the entity's name has char state the new name:	nged, Arrivia, Inc.		
·		Check box to indicate no change	
6. The name, if different, which	it elects to use in Rhode Island	t is:	
"incorporated," or "limited," or a above corporate endings for us (b) If the corporate name is not	an abbreviation thereof, then lisse in Rhode Island: t available in Rhode Island, the	ation does not contain the word "corporation," "company," to the name of the corporation with the addition of one of the	
application:		the 'Fictitious Business Name Statement" to be filed with this	
7. If the entity's purpose is cha transacted in the State of Rhode I.		ection: *The new purpose should include ALL activity to be	
Check the box to indicate an a	ttachment	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 FILED

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STAMP

THE WAY TO SERVE THE

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.

FORM 151 - Revised: 12/2017

8. If there has been an increase in the authorized *List ALL authorized shares as of this amenda	shares of the corporation com	nplete the following section:		
NUMBER OF SHARES CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	_	
Check the box to indicate an attachment		Check box to indicate no change	7	
8a. An estimate, as a percentage, of the proporti	ion that the estimated value of		<u> </u>	
of the corporation to be located within this state of all property of the corporation to be owned dur (Note: Percentage obtained from worksheet.)	during the following year bears:	to the value		
8b. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)				
9. As required by RIGL <u>7-1.2-105</u> , the corporation	n has paid all fees and taxes.			
<ol> <li>Except as herein modified, the original Application</li> <li>hereby confirmed, ratified and incorporated by re</li> </ol>				
11. Date when the Amended Certificate of Author	rity will be effective: CHECK Of	NE BOX ONLY		
☐ Date received (Upon filing)				
Later effective date (Date must be no more t	than 90 days from the date of fi	iling) 10/01/2020		
Under penalty of perjury, I declare and affirm that including any accompanying attachments, and th				
Name of Authorized Officer of the Corporation	Date			
Agnes Jensen, Secretary	08/06/2020			
Signature of Authorized Officer Approx J SIGN DOCUMENT HERE				

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I, NELLIE M. GORBEA, 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 22, 2020 01:04 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

