

State of Rhode Island Department of State - Business Services Division

## **Application for Amended Certificate of Authority**

**FOREIGN Business Corporation** 

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

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Pursuant to the provisions of RIGL 7-1 2-1411, 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:					
000870000	UVNV, 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:				
Delaware		U 12/10/2013				
<ol> <li>If the entity's name has character the new name;</li> </ol>	nged,					
			eck box to indicate no change 🚺			
	n it elects to use in Rhode Islan	· · · · · · · · · · · · · · · · · · ·				
	ion in its jurisdiction of incorpora an abbreviation thereof, then lis se in Rhode Island:					
(b) If the corporate name is no corporation will transact busine application:	ot available in Rhode Island, the ess in Rhode Island as stated ir	n set forth below the fictitious n the "Fictitious Business Nar	name under which the ne Statement" to be filed with this			
7. If the entity's purpose is cha transacted in the State of Rhode i Check the box to indicate an a			ld include <b>ALL</b> activity to be eck box to indicate no change <b>[]</b>			
MAIL TO: Division of Business Services 148 W R-ver Street, Providence, F Phone: (401) 222-3040 Website: www.sos.ri.gov If you have any questions, pl between 8:30 a.m. and 4:30 p			FILED MAY 30 2023 BY PB2245 FORM 151 - Roynsed - 2902 M A:A - Q'4774			

*List ALL authorized sh	ares as of this amend						
NUMBER OF SHARES	CLASS	SERIES		PAR VALUE OR STATE NO PAR VALUE			
20,000,000	Common			)0 			
Check the box to indicate	an attachment		Check	box to indicate	no change		
of the corporation to be lo	ocated within this state oration to be owned du	tion that the estimated value during the following year be iring the following year, whe	ars to the value	0	%		
8b. An estimate, <b>as a percentage</b> , 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. ( <i>Note: Percentage obtained from worksheet</i> )							
			Check	box to indicate	no change <b>Z</b>		
10. As required by RIGL	7-1.2-105, the corporat	ion has paid all fees and tax	(es.				
11. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.							
11. Date when the Amen	ded Certificate of Author	ority will be effective: CHECI	K ONE BOX ONL	Y			
Date received (Upor	n filing)						
Later effective date (Date must be no more than 90 days from the date of filing)							
		at I have examined this Appl hat all statements contained			f Authority,		
Name of Authorized Offic	er of the Corporation			Date			
David Glickman				05-24-2023			
Signature of Authorized Officer							

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.

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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:

May 30, 2023 09:47 AM

Areg M. Couve

Gregg M. Amore Secretary of State

