



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 AUG 16 PM 3:03

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 AUG 14 PM 2:43

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:

1. The name of the corporation is: Holland America Line N.V.		
2. It is incorporated under the laws of: Curacao		
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 the above corporate endings for use in Rhode Island: Holland America Line N.V. Corp. (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 be filed with this application:		
4. The date of its incorporation is: May 3, 1996 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: Schottegatweg Oost 44, Willemstad, Curacao		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name C T Corporation System Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A City/Town East Providence State RHODE ISLAND Zip Code 02914		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

3:03

FILED

AUG 16 2018

BY X B Z E I

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Passenger cruise travel visiting Newport, Rhode Island as a port of call.

8. (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):

NAME	ADDRESS
SSC Shipping & Air Services (Cura	Schottegatweg Oost 44, Willemstad, Curacao

Check the box to indicate an attachment ☒

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☐

9. 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:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
75,000	Common		\$1.00

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0.03 %

11. 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.)

0.001 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

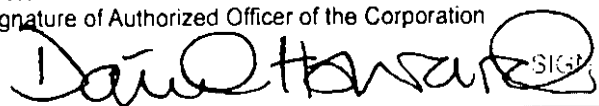
Type or Print Name of Authorized Officer

DANIEL HOWARD

Date

8/10/18

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

Attachment to Form 150 – Application for Certificate of Authority (Foreign Business Corporation)
For: Holland America Line N.V. Corp.

8 (a):

Director

SSC Shipping & Air Services (Curacao) N.V. – Schottegatweg Oost 44, Willemstad, Curacao



Curaçao Commercial Register

Excerpt from the Commercial Register

Registration number: 73225 (0)
Date: July 9, 2018 Time: 5:37:51 PM

In the Commercial Register of the Curaçao Chamber of Commerce & Industry is registered under number 73225: Holland America Line N.V.

Trade name	Holland America Line N.V.
Legal form	Limited Liability Company
Official name	Holland America Line N.V.
Statutory seat	Curaçao
Date of incorporation	May 3, 1996
Date established	May 3, 1996
Authorized capital	U.S.A. Dollar 75.000,00
Issued capital	U.S.A. Dollar 15.000,00
Paid up capital	U.S.A. Dollar 15.000,00
Date start fiscal year	December 1
Date end fiscal year	November 30
Address	Schottegatweg Oost 44
Country	Curaçao
Mailing address	(same as above)
Object	Activity and service related to sea transport

Official(s)

1

Function	Statutory director
Title description	Managing Director
Name	SSC Shipping and Air Services (Curaçao) N.V.
Registration number official	48903

2

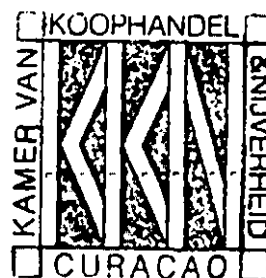
Function	Proxy holder
Name	Anthony Kaufman
Date of birth	November 3, 1962
Place of birth	London
Country of birth	United Kingdom
Nationality	American

3

Function	Proxy holder
Name	Arnold Donald
Date of birth	December 17, 1954
Place of birth	Louisiana
Country of birth	United States of America
Nationality	American

4

Function	Proxy holder
Name	Daniel Howard
Date of birth	March 14, 1974



Date of birth	November 8, 1958
Place of birth	Oslo
Country of birth	Norway
Nationality	Norwegian
13	
Function	Proxy holder
Name	William Gardner Sharp
Date of birth	July 20, 1952
Place of birth	Texas
Country of birth	United States of America
Nationality	American

Only valid if sealed and signed by the Chamber of Commerce.

Curacao, July 9, 2018
For Excerpt

I.N.M. JANQA
Head Commercial Register





State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

August 16, 2018 03:03 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

