RI SOS Filing Number: 201921360460 Date: 9/25/2019 11:23:00RAMEIVED

R.I. DEPT. OF STATE BUS SVCS DIV



2019 SEP 25 A 11: 23

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u> , the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and or that purpose submits the following statement:				
1. The name of the corporation is:				
Variant Services Inc.				
2. It is incorporated under the laws of:				
3. The name, if different, which it elects to use in Rho	ode 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:				
(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: UZ 16 2011				
And the period of its duration is: CHECK ONE BOX ONLY				
Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is: 85 Carver Avenue				
Westwood, NJ07675				
6. The name and address of the initial registered agent/office in Rhode Island:				
Agent Name Rhode Island Builders Association Inc				
Street Address (NOI a P.O. Box) 450 veterans Memorial Pkuy, Bldg #3 City/Town East Providence State RHODE ISLAND Zip Code 02914				
City/Town 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

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Gaa	ral Contractor			
Uerie	rac contractor			
8 (a) The names and r	espective addresses of its disease	tore (antional unloss dis	ectors are required under the laws of the	
state or country of which	h it is incorporated):	iors (optional, unless uii	ectors are required under the laws of the	
NAME			DDECC	
TAVIAIC		ADDRESS		
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	.		Check the box to indicate an attachment	
8 (b) The names and r	penactive addresses of its princ		if directors are not required under the laws	
of the state or country of	of which it is incorporated):	ipai onicers (mandatory	ii directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	·	0.00	rAM, Westwood, WJO7615	
I NEOIDEITI	Vera Recca	85 Carve	7 ATT, WYS 10000, N 50 1675	
VICE PRESIDENT				
VIOLITICOIDEIVI				
TREASURER	 			
SECRETARY				
	•	•	Check the box to indicate an attachment	
9. The aggregate numb	er of shares which it has autho	rity to issue; itemized by	classes, par value of shares, shares without	
par value, and series, it				
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
1500	0.000.000.000		20.000 /01.0	
1300	<u>common</u>		no par value	
		· · · · · · · · · · · · · · · · · · ·		
	. 			
10. An estimate, as a p	ercentage, of the proportion th	at the estimated value o	f the property of the corporation to be	
			erty of the corporation to be owned during	
the following year, whe	rever located. (Note: Percentag	e obtained from worksh	e o t.)	
\cap				
	o			
<u> </u>		5 H		
			siness 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.)				
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12. This application must be accompanied by a <u>Certificate of Good S</u> formation dated within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK C	ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from t	he date of filing)
Under penalty of perjury, I declare and affirm that I have examined the accompanying attachments, and that all statements contained herei	
Type or Print Name of Authorized Officer	Date
Vera Recea	9/24/19
Signature of Authorized Officer of the Corporation	
SIGN DOCUMENT	HERE

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

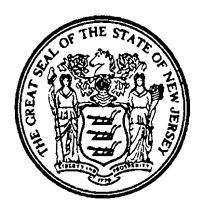
VARIANT SERVICES, INC 0400398176

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 16, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

VARIANT SERVICES, INC 85 CARVER AVENUE WESTWOOD, NJ 07675



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of September, 2019

den on Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number 6100959579

Verify this certificate online at

https://www.Lstate.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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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:

September 25, 2019 11:23 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

