



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

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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: <input type="checkbox"/> AMALGAMATED MURMURATION INC		
2. It is incorporated under the laws of: <input type="checkbox"/> NEW YORK STATE		
3. The name, if different, which it elects to use in Rhode Island is: <input type="checkbox"/> <p>(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: <input type="checkbox"/></p> <p>(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: <input type="checkbox"/></p>		
4. The date of its incorporation is: <input type="checkbox"/> 3/8/2018		
And the period of its duration is: CHECK ONE BOX ONLY <input type="checkbox"/> <p><input checked="" type="checkbox"/> Perpetual (on-going)</p> <p><input type="checkbox"/> Date certain for dissolution _____</p>		
5. The address of its principal office is: <input type="checkbox"/> 166 WEST 22ND STREET, 32C, NEW YORK, NY 10011		
6. The name and address of the initial registered agent/office in Rhode Island: <input type="checkbox"/>		
Agent Name CT CORPORATION SYSTEM		
Street Address (NOT a P.O. Box) 450 VETERANS MEMORIAL PARKWAY, SUITE 7AE		
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

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

ARTIST PERFORMANCE

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
MICHAEL CERVERIS	166 WEST 22ND STREET, 32C, NEW YORK, NY 10011

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	MICHAEL CERVERIS	166 WEST 22ND STREET #2C, NEW YORK, NY 10011
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
200			NO PAR VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____ %

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.)

10 _____ %

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.

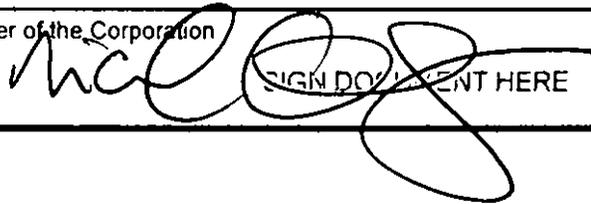
Type or Print Name of Authorized Officer

MICHAEL CERVERIS

Date

1/15/21

Signature of Authorized Officer of the Corporation


SIGN DOCUMENT HERE

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of AMALGAMATED MURMURATION INC. was filed on 03/08/2018, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 13th day of January, two
thousand and twenty-one.*

Brendan C Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*



State of Rhode Island
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,
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:

January 19, 2021 09:13 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

