State of Rhode Island
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:

50 Vessel Inc

2. It is incorporated under the laws of: Cayman Islands

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:

(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: June 5, 2017

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:

50 Kennedy Plaza, 18th Floor Providence, RI 02903

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name
Jonathan Nelson

Street Address (NOT a P.O. Box)
50 Kennedy Plaza, 18th Floor

City/Town	State	Zip Code
Providence	**RHODE ISLAND**	02903

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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FORM 150 - Revised: 08/2020

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

Personal use Yacht docked in foregin country. Rotational capital Rhode Island resident.

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
Jonathan Nelson	368 East Shore Road Jamestown RI 02835

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	Jonathan Nelson	50 Kennedy Plaza, 18th Fl Providence, RI 02903
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
50,000	Ordinary		$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 %

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 %

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	Date
Jonathan Nelson	4/23/24
Signature of Authorized Officer of the Corporation	

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.

CB-323546

Certificate Of Incorporation

I, V. DAPHENE WHITELOCKE Assistant Registrar of Companies of the Cayman Islands DO HEREBY CERTIFY, pursuant to the Companies Law CAP. 22, that all requirements of the said Law in respect of registration were complied with by

49 Vessel Inc.

an Exempted Company incorporated in the Cayman Islands with Limited Liability with effect from the 5th day of June Two Thousand Seventeen

Given under my hand and Seal at George Town in the Island of Grand Cayman this 5th day of June Two Thousand Seventeen

REGISTRAR OF COMPANIES
EXEMPTED
CAYMAN ISLANDS

Assistant Registrar of Companies,
Cayman Islands.

Authorisation Code : 825755936663
www.verify.gov.ky
07 June 2017