RI SOS Filing Number: 202326510980 Date: 1/24/2023 10:26:00 AM



State of Rhode Island

## **Department of State - Business Services Division**

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

TRECEIVED R.I. DEPT. OF STATE BUS SYCS CIV

2023 JAN 24 A 10: 26

Pursuant to the provisions of RIGL 7-1.2-1405, the unapplies for a Certificate of Authority to transact busine or that purpose submits the following statement:					
1. The name of the corporation is:					
DELPHI DIGITAL CONSULTING, INC	<b>C</b> .				
2. It is incorporated under the laws of: Delawar	e				
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 "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rhod filed with this application:	sland, then set forth below the fid de Island as stated in the "Fictiti	ctitious name under which the ous Business Name Statement" to be			
4. The date of its incorporation is: 12/28/2018					
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:					
429 Lenox Ave, Miami, FL 33139					
6. The name and address of the initial registered age	ent/office in Rhode Island:				
Agent Name Registered Agents Inc					
Street Address (NOT a P.O. Box) 47 Wood Ave, S	Suite 2				
City/Town Barrington	State RHODE ISLAND	Zip Code 02806			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED Will

JAN 24 2023

<u> </u>				<u> </u>	
7. The purpose or purpo	ses which it pr	oposes to pursue in	n the transaction of l	business in Rhode Island are:	
Research and Cons	ulting				
	•		s (optional, unless d	firectors are required under the laws of the	
state or country of which	•				
NAME				ADDRESS	
Anil Lulla		429 Lenox Ave, Miami FL 33139			
Medio Demarco		429 Lenox Ave, Miami FL 33139			
Kevin Kelly		429 Lenox Ave, Miami FL 33139		39	
Yan Liberman		429 Lenox Ave, Miami FL 33139		39	
`				Check the box to indicate an attachment 🕢	
8. (b) The names and re of the state or country o			al officers (mandator	y if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	Anil Lulla		429 Lenox A	Ave, Miami FL 33139	
VICE PRESIDENT	Kevin Kelly	·	429 Lenox /	Ave, Miami FL 33139	
TREASURER					
SECRETARY	Rashmi Ashok		429 Lenox /	Ave, Miami FL 33139	
				Check the box to indicate an attachment 🗹	
9. The aggregate numb par value, and series, if			to issue; itemized b	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
15,000,000	Commor	<u> </u>		0.001	
		<del></del>			
<b></b>					
				of the property of the corporation to be	
located within this state the following year, wher				perty of the corporation to be owned during sheet.)	
٠. م	·	<b>3-</b> \	, .	•	
<u>"</u> "	)				
at or from places of bus	siness in Rhode	e Island during the	following year compa	business to be transacted by the corporation pared to the gross amount thereof which will be btained from worksheet.)	
0 %	_		J.S S. Somugo OL		
, <del></del> "	-				

## Continued:

8. (a) The names and respective addresses of its directors:

Tom Shaughnessy

429 Lenox Ave, Miami FL 33139

8. (b) The names and respective addresses of its principal officers:

CFO

Praveen Lulla

429 Lenox Ave, Miami FL 33139

CO0

Rashmi Ashok

429 Lenox Ave, Miami FL 33139

12. This application must be accompanied by a <u>Certificate of Good</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	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 accompanying attachments, and that all statements contained here	
Type or Print Name of Authorized Officer	Date
Praveen Lulia	1/20/23
Signature of Authorized Officer of the Corporation	
Julia	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DELPHI DIGITAL CONSULTING, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JANUARY,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELPHI DIGITAL CONSULTING, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

7232584 8300 SR# 20230224136 Authentication: 202552396

Date: 01-23-23

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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:

January 24, 2023 10:26 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

