



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation**Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION IThe name of the corporation is COMPANYFELLOW INC.**SECTION II**It is incorporated under the laws of State: NY Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IVThe date of its incorporation is 9/16/2022and the period of its duration is ☒ Perpetual ☐**SECTION V**

The location of its principal office is

No. and Street: 47 WOOD AVE SUITE 2City or Town: BARRINGTONState: RIZip: 02806Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE SUITE 2City or Town: BARRINGTONState: RIZip: 02806and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC**SECTION VII**

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

THEATRE PERFORMANCE**SECTION VIII**

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL LONGFELLOW	58 W 58TH STREET APT 18F NEW YORK, NY 10019 USA
TREASURER	MICHAEL LONGFELLOW	58 W 58TH STREET APT 18F NEW YORK, NY 10019 USA
SECRETARY	MICHAEL LONGFELLOW	58 W 58TH STREET APT 18F NEW YORK, NY 10019 USA
DIRECTOR	MICHAEL LONGFELLOW	58 W 58TH STREET APT 18F NEW YORK, NY 10019 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL LONGFELLOW	58 W 58TH STREET APT 18F NEW YORK, NY 10019 USA
TREASURER	MICHAEL LONGFELLOW	58 W 58TH STREET APT 18F NEW YORK, NY 10019 USA
SECRETARY	MICHAEL LONGFELLOW	58 W 58TH STREET APT 18F NEW YORK, NY 10019 USA
DIRECTOR	MICHAEL LONGFELLOW	58 W 58TH STREET APT 18F NEW YORK, NY 10019 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	200.00

Signed this 15 Day of June, 2023 at 5:03:11 PM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By MICHAEL LONGFELLOW
Signature of Authorized Officer of the Corporation

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	COMPANYFELLOW INC.
DOS ID Number:	6590256
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/16/2022
Statement Status:	CURRENT
Statement Due Date:	09/30/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on June 15, 2023 at 08:43 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

June 15, 2023 05:01 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

