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MAIL TO:

**Division of Business Services** 

Phone: (401) 222-3040 Website: <u>www.sos.ri.gov</u>

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island

Department of State - Business Services Division

## **Application for Transfer of Authority**

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation

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Pursuant to the applicable provision application for the purpose of transf			ed foreign entity submits the following State of Rhode Island to:	
1. Entity ID Number:	2. The full name of the ent	ity filing this applic	ation is:	
000831620	Seven Seas Cruise	es S. de R.L.,	, LLC	
3. The applicant is a duly qualified	foreign: (CHECK ONE BO	X ONLY)		
Limited Liability Company	Business Cor	poration	Non-Profit Corporation	
Limited Partnership	Limited Liabili	ity Partnership		
4. The applicant submits this appli	cation for the purpose of tra	ansferring its autho	ority to a: (CHECK ONE BOX ONLY)	
Limited Liability Company (R	IGL <u>7-16-52.1</u> )	Business Corporat	tion (RIGL <u>7-1.2-1411.1)</u>	
Non-Profit Corporation (RIGI		Limited Partnershi (RIGL <u>7-13.1-100</u> 9	p or Limited Liability Limited Partnership	
Limited Liability Partnership		(MOE <u>1-10:1-1000</u>	<u></u>	
5. The date the applicant qualified	to conduct business in	6. The jurisdiction	n upon transfer of authority is:	
Rhode Island is: 09/05/2013		Bermuda		
7. The name of the entity following	the transfer of authority is:	_		
Seven Seas Cruises Ltd	., •	-		
8. The application for transfer of a	uthority is filed as an accom	panying certificate	to the: CHECK ONE BOX ONLY	
Application for registration for a Limited Liabilty Company				
Application for certificate of authority for a Business Corporation				
Application for certificate of authority for a Non-Profit Corporation				
Statement of registration for a Limited Partnership  Statement of registration for a registered Limited Liability Partnership				
· · · · · · · · · · · · · · · · · · ·		•	on accompanied by a Cortificate of Good	_
<ol> <li>This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good</li> <li>Standing/Legal Existence from the current jurisdiction of the entity.</li> </ol>				
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10. TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for ing any accompanying attachments, and that all statements contained herein are true and co is authorized to sign this certificate on behalf of the entity set forth above.	
Type or Print Name of Limited Liability Company	
Seven Seas Cruises S. de R.L., LLC	
Signature of Authorized Person	Date
Malshola	04/19/2024
Signature of Authorized Person	Date
Type or Print Name of Corporation	
Signature of Authorized Person	Date
Signature of Authorized Person	Date
<u> </u>	
Type or Print Name of Partnership	•
Type or Print Name of Partnership	
Type or Print Name of Partnership  Signature of Partner	Date
	Date
	Date Date
Signature of Partner	
Signature of Partner	
Signature of Partner Signature of Partner	Date
Signature of Partner  Signature of Partner  Signature of Partner	Date
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Signature of Partner  Signature of Partner  Signature of Partner	Date
Signature of Partner  Signature of Partner  Signature of Partner  Type or Print Name of Other Entity	Date  Date
Signature of Partner  Signature of Partner  Signature of Partner  Type or Print Name of Other Entity	Date  Date

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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:

April 25, 2024 12:56 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

