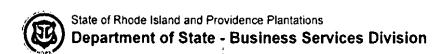
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# To: ded Eddid die 15

# **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:

or that purpose submits the following statement:						
1. The name of the corporation is:	•					
McCarthy Artistry Inc.						
2. It is incorporated under the laws of: New Yo	ne laws of: New York					
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: 01/10/2018						
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:						
3902 215th Pl, Baysde, NY 11361						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name Registered Agents Inc						
Street Address (NOT a P.O. Box) 47 Wood Ave, Suite 2						
City/Town Barrington	State RHODE ISLAND	Zip Code 02806				
<del></del>						

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN - 4 2024

JUN - 4 2024 BY 3 0212

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Makeup						
8. (a) The names and restate or country of which	•	•	ptional, unless	directors are required under the laws of the		
NAME	NAME			ADDRESS		
Louise McCarthy	3	3902 215th Pl, Bayside, NY 11361		3902 215th Pl, Baysi		1361
				Check the box to indicate an attachment		
8. (b) The names and re of the state or country of			icers (mandato	ory if directors are not required under the laws		
OFFICE	N	IAME		ADDRESS		
PRESIDENT	Louise McCa	rthy	3902 215th Pl, Bayside, NY 11361			
VICE PRESIDENT						
TREASURER						
SECRETARY						
				Check the box to indicate an attachment		
<ol><li>The aggregate numb par value, and series, if</li></ol>			ssue; itemized	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
100	Common	None		NPV		
	during the follow	ing year bears to the	value of all pr	e of the property of the corporation to be operty of the corporation to be owned during capet.		
	·	no. 1 o. oomago oota				
2	% 					
at or from places of bus	siness in Rhode Is	sland during the follo	wing year com	business to be transacted by the corporation pared to the gross amount thereof which will be obtained from worksheet.)		
	%	Tollowing year, (Note	. r croomage c	obtained Hulli Workshoot.y		

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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				
Louise McCarthy	,				
Signature of Authorized Officer of the Corporation  LOUISE MCCarthy  Louise McCarthy (May 31, 2024 14:22 GMT+1)  SIGN DOCUMENT HERE					

### STATE OF NEW YORK

## DEPARTMENT OF STATE

### Certificate of Status

I, BRENDAN C. HUGHES, Acting 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: MCCARTHY ARTISTRY INC

**DOS ID Number:** 5264622

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/10/2018

Statement Status: CURRENT
Statement Due Date: 01/31/2026

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 May 21, 2024 at 02:18 P.M.

Brandon C. Hughan

BRENDAN C. HUGHES
Acting Secretary of State

Authentication Number: 100005772930 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ccorp.dos.ny.gov">http://ccorp.dos.ny.gov</a>

RI SOS Filing Number: 202455306070 Date: 6/4/2024 12:05:00 PM



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 04, 2024 12:05 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

