

**State of Rhode Island  
Department of State - Business Services Division****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: <b>4273672 Canada Inc.</b>		
2. It is incorporated under the laws of: <b>Canada</b>		
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>N/A</b> (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: <b>Cava Spiliadis</b>		
4. The date of its incorporation is: <b>03/02/2006</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>135 Highfield Avenue, Mount Royal, Quebec, H3P 1C7, Canada</b>		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name <b>Elisa Cuccioletta</b> Street Address ( <u>NOT</u> a P.O. Box) <b>9 Rocky Hill Road, Unit A</b>		
City/Town <b>Smithfield</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02917</b>

**MAIL TO:****Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)**FILED****OCT 11 2024****BY****UD 283  
AA 11:07 AM**

FORM 150- Revised: 12/2023

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

Wine, beer & spirit wholesale

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
Elisa Cuccioletta	135 Highfield Avenue, Mount Royal, Quebec, H3P 1C7, Canada

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	Elisa Cuccioletta	135 Highfield Avenue, Mount Royal, Quebec, H3P 1C7, Canada
VICE PRESIDENT	N/A	N/A
TREASURER	Elisa Cuccioletta	135 Highfield Avenue, Mount Royal, Quebec, H3P 1C7, Canada
SECRETARY	Elisa Cuccioletta	135 Highfield Avenue, Mount Royal, Quebec, H3P 1C7, Canada

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
80	CommonNoPar	Common	No Par Value
20	CommonNoPar	Common	No Par Value
1,000,000	PreferredNoPar	B	No Par Value

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.)

100 %

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.)

100 %

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) \_\_\_\_\_

14. *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

Elisa Cuccioletta

Date

9/21/2024

Signature of Authorized Officer of the Corporation

Signed by  
  
D6D8B989-C4D7-464B-AB32-000688BB22AB



## Certificate of Compliance

*Canada Business Corporations Act*  
s. 263.1

## Certificat de conformité

*Loi canadienne sur les sociétés par actions*  
art. 263.1

4273672 Canada Inc.

Corporate name / Dénomination sociale

427367-2

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation  
named above:

- exists under the *Canada Business Corporations Act*;
- has filed the required annual filings; and
- has paid all required fees.

JE CERTIFIE, par la présente, que la société  
susmentionnée :

- existe en vertu de la *Loi canadienne sur les sociétés par actions*;
- a effectué les dépôts annuels exigés; et
- a acquitté les droits requis.

Hantz Prosper

Director / Directeur

2024-09-03

Issuance date (YYYY-MM-DD)

Date d'émission (AAAA-MM-JJ)



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:

October 11, 2024 11:07 AM

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

Gregg M. Amore  
*Secretary of State*

