



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$150.00**

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

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: Vicotirya International LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: NY Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 10/21/2024

**ARTICLE IV**

The date of its organization is: 6/21/2016

**ARTICLE V**

The period of its duration is: ☒ Perpetual ☐

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 47 WOOD AVE  
STE 2

City or Town: BARRINGTON

Name: RHODE ISLAND REGISTERED AGENT LLC

State: RI Zip: 02806

## Article VII

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

CONSTRUCTION - FINISH CARPENTRY

## ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

## ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 1864 CLOVE RD

City or Town: STATEN ISLAND State: NY Zip: 10304 Country: USA

## ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 1864 CLOVE RD

City or Town: STATEN ISLAND State: NY Zip: 10304 Country: USA

## ARTICLE XI

The limited liability company is to be managed by its X Members\* or \_\_\_ Managers (check one)

**\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|------------------------------------------------|------------------------------------------------------------|
|-------|------------------------------------------------|------------------------------------------------------------|

*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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 21 Day of October, 2024 at 9:55:05 AM by the Authorized Person.**

ALBERT VOSLAEV

Form No. 450  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:

|                                         |                                    |
|-----------------------------------------|------------------------------------|
| <b>Entity Name:</b>                     | VICTORIYA INTERNATIONAL LLC        |
| <b>DOS ID Number:</b>                   | 4966378                            |
| <b>Entity Type:</b>                     | DOMESTIC LIMITED LIABILITY COMPANY |
| <b>Entity Status:</b>                   | EXISTING                           |
| <b>Date of Initial Filing with DOS:</b> | 06/21/2016                         |
| <b>Statement Status:</b>                | CURRENT                            |
| <b>Statement Due Date:</b>              | 06/30/2026                         |

I certify that the following is a list of documents on file in the Department of State for said entity:

|                        |                             |
|------------------------|-----------------------------|
| <b>Document Type:</b>  | ARTICLES OF ORGANIZATION    |
| <b>Date of Filing:</b> | 06/21/2016                  |
| <b>Entity Name:</b>    | VICTORIYA INTERNATIONAL LLC |

|                        |                            |
|------------------------|----------------------------|
| <b>Document Type:</b>  | CERTIFICATE OF PUBLICATION |
| <b>Date of Filing:</b> | 12/15/2016                 |

|                        |                    |
|------------------------|--------------------|
| <b>Document Type:</b>  | BIENNIAL STATEMENT |
| <b>Date of Filing:</b> | 08/23/2018         |
| <b>Effective Date:</b> | 06/01/2018         |

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 02/03/2022

---

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 10/16/2024

---

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 October 16, 2024 at  
03:23 P.M.



WALTER T. MOSLEY  
Secretary of State

*Brandon C. Hughes*

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

Authentication Number: 100006772067 To Verify the authenticity of this document you may access the  
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:

October 21, 2024 09:53 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

