RI SOS Filing Number: 202566185670 Date: 3/4/2025 12:07:00 PM



### 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 <u>RIGL 7-1,2-1405</u>, 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:

The name of the corporation is:		********			
Mark Anthony Brands Inc.					
2. It is incorporated under the laws of: Washing	gton				
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 "incorporated", or "limited," or an abbreviation thereof 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: 12/09/1996					
And the period of its duration is: CHECK ONE BOX  Perpetual (on-going)	ONLY				
Date certain for dissolution		<del></del>			
5. The address of its principal office is:					
167 N Green St, Suite. 600A, Chicago, IL 60607					
6. The name and address of the initial registered age	ent/office in Rhode Island:				
Agent Name Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov MAR 0 4 2025

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Distribution of alcoh	olic beverag	es		
				<u> </u>
8. (a) The names and re state or country of whic			otional, unless di	rectors are required under the laws of the
NAME			A	DDRESS
Anthony von Mandl 167 N Green S		167 N Green St, S	te. 600A, Chic	ago, IL 60607
Philip Rosse 167 N Green St, S		te. 600A, Chic	ago, IL 60607	
Brent Zachary	167 N Green St, S		te. 600A, Chicago, IL 60607	
	-			Check the box to indicate an attachment
8. (b) The names and re of the state or country of			icers (mandatory	if directors are not required under the laws
OFFICE		NAME		ADDRESS
PRESIDENT	David Barnett		167 N Green St, Ste. 600A, Chicago, IL 60607	
VICE PRESIDENT	Brent Zachary		167 N Green St, Ste. 600A, Chicago, IL 60607	
TREASURER	Victor Giacomin		167 N Green St, Ste. 600A, Chicago, IL 60607	
SECRETARY	Michael Ploetz		167 N Green St, Ste. 600A, Chicago, IL 60607	
			*	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	CLAS	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE
10,000	Commor	) 	· <del></del>	No Par Value
10 An estimate as a n	ercentane of	the proportion that the e	etimated value o	f the property of the corporation to be
	during the follo	owing year bears to the	value of all prope	erty of the corporation to be owned during
0 %				
~~~				
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. ( <i>Note: Percentage obtained from worksheet.</i> )				
0.177 %	•	•	ŭ	•
Ĭ				

12. This application must be accompanied by a Certificate of Go formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHEC	CK ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fro	om the date of filing)
14. Under penalty of perjury, I declare and affirm that I have example any accompanying attachments, and that all statements contains	• • • • • • • • • • • • • • • • • • • •
Type or Print Name of Authorized Officer	Date
Michael Ploetz	2/27/2025
Signature of Authorized Officer of the Corporation	



# Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

**OF** 

### MARK ANTHONY BRANDS INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/09/1996.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/17/2025 UBI Number: 601 755 391

to R Hobbie



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 01/17/2025

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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:

March 04, 2025 12:07 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

