

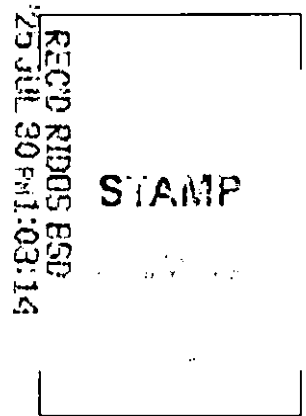


State of Rhode Island
Department of State - Business Services Division

Statement of Registration

FOREIGN Limited Partnership

→ Filing Fee: \$100.00 minimum

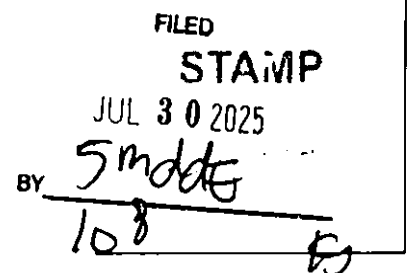


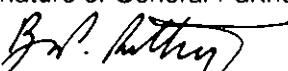
Pursuant to the provisions of RIGL 7-13.1-1003, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited partnership is:		
Ovations Food Services, L.P.		
The name, if different, which it elects to use in Rhode Island is:		
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
Pennsylvania	03/23/2000	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Food and Beverage Management Services		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.		

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:		
8. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Spectra US, LLC	5050 S. Syracuse St, 8th FL, 8th FL, Denver, CO 80237	
Ovations Food Services, LLC	5050 S. Syracuse St, 8th FL, 8th FL, Denver, CO 80237	
9. The address of the foreign limited partnership's principal place of business is:		
Address 5050 S. Syracuse St, 8th FL.		
City/Town Denver	State CO	Zip Code 80237
10. 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 filing.		
11. Date when this Statement of Registration for a limited partnership will be effective: CHECK ONE BOX ONLY ☒ Date recieved (upon filing) Later effective date (date must be no more than 90 days from the date of filing) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of General Partner Brian Rothenberg, President, Ovations Food Services, LLC, its General Partner		Date 7/28/2025
Signature of General Partner 		

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: OVATIONS FOOD SERVICES, L.P.
Request Type: Subsistence Certificate **Issuance Date:** July 29, 2025
Request No.: 061126415 **File No.:** 0002932017
Receipt No.: 001964833
Filing Type: Domestic Limited Partnership
(LP/LLLP)
Filing Subtype: Limited Partnership
Initial Filing Date: March 23, 2000
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

OVATIONS FOOD SERVICES, L.P.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.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:

July 30, 2025 01:03 PM

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

Gregg M. Amore
Secretary of State

