RI SOS Filing Number: 202579619890 Date: 10/10/2025 12:14:00 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 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:

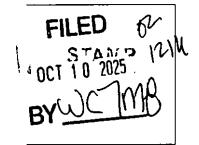
1. The name of the corporation is:	-	
NYFTA, Inc.		
2. It is incorporated under the laws of: New Yo	rk	
3. The name, if different, which it elects to use in Rh	ode Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:		
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rhofiled with this application:		
4. The date of its incorporation is: 10/13/2016		***
And the period of its duration is: CHECK ONE BOX X Perpetual (on-going)	CONLY	
Date certain for dissolution		
5. The address of its principal office is:		
350 E 54th St, Suite 1H New York, NY 1002	22	
6. The name and address of the initial registered ag	ent/office in Rhode Island:	
Agent Name Paracorp Incorporated		
Street Address (<u>NOT</u> 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.ri.gov



7. The purpose or purpo	oses which it p	roposes to pursue in	the transaction of bu	siness in Rhode Island are:	
Event Conce	essions				
			(optional, unless dire	ectors are required under the laws of the	
state or country of which it is incorporated): NAME		ico).	ADI	DRESS	
Ben Goldberg 350 E 54th St, Sui		Suite 1H New York	NY 10022		
Dell' Goldberg		550 E 54(1 6), C			
			(Check the box to indicate an attachment	
8. (b) The names and re of the state or country of			officers (mandatory if	f directors are not required under the laws	
OFFICE		NAME	<u> </u>	ADDRESS	
PRESIDENT	Ben Goldberg		350 E 54th St.	350 E 54th St, Suite 1H New York, NY 10022	
VICE PRESIDENT	Ben Goldberg		350 E 54th St	350 E 54th St, Ste 1H New York NY 10022	
TREASURER	Ben Goldberg		350 E 54th S	350 E 54th St, Ste 1H New York NY 10022	
SECRETARY	Ben Goldberg		350 E 54th	350 E 54th St, Ste 1H New York NY 10022	
	<u> </u>	"		Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if			o issue; itemized by o	classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
_200	Common Fo		Formation	No par	
			<u> </u>	<u> </u>	
 -					
	during the follo	owing year bears to t	the value of all proper	the property of the corporation to be ty of the corporation to be owned during et.)	
0%					
	iness in Rhode ration during th	s Island during the fo	llowing year compare	iness to be transacted by the corporation ed to the gross amount thereof which will be ned from worksheet.)	

12. This application must be accompanied by a Certificate of Good formation dated within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK	ONE BOX ONLY			
x 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 examin any accompanying attachments, and that all statements contained in	•			
Type or Print Name of Authorized Officer	Date			
Ben Goldberg	08/20/2025			
Signature of Authorized Officer of the Corporation				
Ro &				

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:

Entity Name: NYFTA, INC.

DOS 1D Number: 5022618

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 10/13/2016

Statement Status: CURRENT Statement Due Date: 10/31/2026

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 September 25, 2025 at 08:45 A.M.

WALTER T. MOSLEY Secretary of State

BRENDAN C. HUGHES

Executive Deputy Secretary of State

Brandon C Higher

Authentication Number: 100008832022 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ccorp.dos.ny.gov

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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:

October 10, 2025 12:14 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

