Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

2013 OCT 25 PH 4: 04

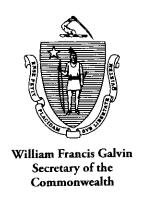
APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company 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 liability company is: | | | | |
|----|---|---|--------------------------------|--|--|
| | A TO Z DEVELOPMENT, LLC | | | | |
| | This company has been duly organized in its state of fo | ormation as a low-profit limited liability comp | any. (Check box if applicable) | | |
| 2. | The name, if different, under which it proposes to register and transact business in Rhode Island is: | | | | |
| | SAME | - | | | |
| 3. | The limited liability company is organized under the | ne laws of THE COMMONWEALTH | OF MASSACHUSETTS | | |
| 4. | . The date of its organization is APRIL 4, 2013 | | | | |
| 5. | . The period of duration of the limited liability company is (if perpetual, so state) PERPETUAL | | | | |
| 6 | | | | | |
| 6. | The address of the limited liability company's resident agent in Rhode Island is: | | | | |
| | 1177 GREENWICH AVENUE | WARWICK | , RI <u>02886</u> | | |
| | (Street Address, not P.O. Box) | (City/Town) | (Zip Code) | | |
| | and the name of the resident agent at such address is TODD E. MCNAMARA, ESQ. | | | | |
| | (Name of Agent) | | | | |
| 7. | The secretary of state is appointed the agent of time there is no resident agent or if the resident agdiligence. | | | | |
| 8. | The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is: | | | | |
| | 23 LAWRENCE AVENUE | | | | |
| | DORCHESTE, MA 02121 | # * * * * * * * * * * * * * * * * * * * | | | |
| 9. | The mailing address for the limited liability compar | ny is: | | | |
| | 23 LAWRENCE AVENUE | مراها الما | | | |
| | DORCHESTER, MA 02121 | TILED | | | |
| | | OCT BE 20 | (2) | | |

Form No. 450 Revised: 07/12 A. A. 4:04 p.m

| 10. | | Management of the Limited Liability C | company (check <u>one</u> only): | | |
|-----|--|---|---|--|--|
| | A. | The limited liability company is to be n | nanaged very by its members. (If you have checked this box, go to item IN SECTION B.) | | |
| | <u>or</u> | | | | |
| | B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name an address of each manager.) | | | | |
| | | <u>Manager</u> | <u>Address</u> | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 11. | This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized. | | | | |
| 12. | | The date this Application for Registration is to become effective, if later than the date of filling, is: | | | |
| | (not prior to, nor more than 30 days after, the filing of this Application for Registration) | | | | |
| | | · · | | | |
| | | | Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct. | | |
| Dat | e: | 10/11/13 | A TO Z DEVELOPMENT, LLC | | |
| _ ~ | · • · • | | Print Exact Name of Limited Liability Company Making Application By A | | |



The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

September 26, 2013

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

A TO Z DEVELOPMENT, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 4, 2013.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: JULIUS WILLIAMS

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JULIUS WILLIAMS



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galicin

Processed By:TAA



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

