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State of Rhode Island
Department of State - Business Services Division

Amendment to Application for Registration

FOREIGN Limited Liability Company

→Filing Fee: \$50.00



FORM 451 - Revised 08/2020

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Pursuant to the provisions of RIGL <u>7-16-52</u> the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:	2. The name of the limited liability company is:		
001700073	COMMONWEALTH REFERRAL ASSOCIATES LLC		
3. If the entity's name is changing state the new name:	CRG REFERRAL ASSOC	IATES LLC	
		Check the box to indicate no change	
3a. The entity's name, if different, under which it proposed to registe transact business in Rhode Island			
		plete the following section: CHECK ONE BOX ONLY	
Perpetual (on-going)			
Date certain for dissolution _		Check the box to indicate no change 🗹	
 If the required address of the of the following section: 	fice to be maintained in the s	tate or country of its organization has changed, complete	
		Check the box to indicate no change 🖌	
6. If the mailing address is changi	ng complete the following se	ction: Check the box to indicate no change ✔	
7. If the entity's purpose is changi transacted in the State of Rhode Islar		ction: *The new purpose should include ALL activity to be	
Check the box to indicate an attac	hment	Check the box to indicate no change	
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhod Phone: (401) 222-3040 Website: www.sot.ci.acv.	e Island 02904-2615	FILED	
Website: www.sos.ri.gov		APR 1 6 2021	

8. If the management structure ha	s changed, complete the following section:			
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
Its member(s) (If you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.)				
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)				
MANAGER	ADDRESS			
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Check the box to indicate no change				
9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.				
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.				
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Limited Liability		Date		
Patrick J. Fortin		April 14, 2021		
Signature of Authorized Person				
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State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, 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:

April 16, 2021 12:16 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

