Filing Fee: \$150.00	ID Number:
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1. The name of the limited liability company is:

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

FILEL

JUN 08 2009

LIMITED LIABILITY COMPANY

12.48

### **APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, 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:

**GARNISH EVENTS, LLC** The name, if different, under which it proposes to register and transact business in Rhode Island is: N/A The limited liability company is organized under the laws of Massachusetts **December 10, 2007** 4. The date of its organization is 5. The period of duration of the limited liability company is (if perpetual, so state) 12/31/2052 The address of the limited liability comspny's resident pgent in 5 hroe 's on Gis: 233 Spring Street Newport RI 02840 (Street Address, not P.O. Box) (City/Town) (Zip Code) Emily Scuddsr and the name of the resident agent at such address is 7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence. 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: 233 Spring Street, Newport, RI 02840 + 9. The mailing address for the limited liability company is: 233 Spring Street, Newport, RI 02840 •

Form No. 450 Revised: 12/05

10.	Management of the Limited Liability C	ompany:	
Α.	A. The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.)		
		<u>or</u>	
B.	The limited liability company is to b company has managers at the tin address of each manager.)	ne managed 🚺 by one (1) or more managers. (If the limited liability ne of the filing of these Articles of Organization, state the name and	
	<u>Manager</u>	<u>Address</u>	
E	mily <del>Scudder</del> Ward	86 Harding Street, Fall River, MA 02720	
K	Caitlyn Mello	86 Harding Street, Fall River, MA 02720	
- - -	nis application is accompanied by a cert	tificate of good standing duly authenticated by the secretary of state or other	
aı	uthorized officer of the jurisdiction under	which the foreign limited liability company was organized.	
		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.	
Date	s: 6/4/09	GARNISH EVENTS, LLC	
		By Signature of authorized person	
		eignance of dutilonized portion	



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachuseus 02133

June 3, 2009

### TO WHOM IT MAY CONCERN:

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

### **GARNISH EVENTS, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 10, 2007.** 

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: **KAITLYN MELLO, EMILY R WARD** 

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: KAITLYN MELLO, EMILY R WARD

The names of all persons authorized to act with respect to real property listed in the most recent filing are: KAITLYN MELLO, EMILY R WARD



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:sam



# 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

