

Filing Fee: \$150.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

LIMITED LIABILITY COMPANY

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:

HI-TECH MOLDS, LLC

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 laws of Connecticut

4. The date of its organization is January 28, 2004

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

15 Franklin Street

Westerly

, RI

02891

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is George A. Comolli, Esquire

(Name of Agent)

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:

15 Gray Lane

Ashaway, RI 02804

9. The mailing address for the limited liability company is:

15 Gray Lane

Ashaway, RI 02804

FILED

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By 11/16
598806

10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☒ by its members. *(If you have checked this box, go to item no. 11.)*

or

- 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 and address of each manager.)*

Manager

Address

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.

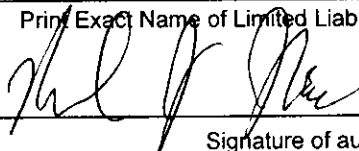
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 9/9/09

HI-TECH MOLDS, LLC

Print Exact Name of Limited Liability Company Making Application

By



Signature of authorized person

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

HI-TECH MOLDS, LLC

a domestic limited liability company, were filed in this office on January 28, 2004.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such
limited liability company is in existence.



Secretary of the State

Date Issued: September 03, 2009

ARTICLES OF ORGANIZATION

DOMESTIC LIMITED LIABILITY COMPANY

Office of the Secretary of the State

30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/13/2003

See reverse for instructions

Space For Or

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SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

1. NAME OF THE LIMITED LIABILITY COMPANY

HI-TECH MOLDS, LLC

2. NATURE OF BUSINESS TO BE TRANSACTED OR THE PURPOSES TO BE PROMOTED

Any lawful purposes for which an LLC may be formed under the laws of the State of Connecticut.

3. PRINCIPAL OFFICE ADDRESS (See instructions for further details.)

185 South Broad St.
Pawcatuck, CT 06379

4. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS

Name of agent

Theodore M. Ladwig, Esq.

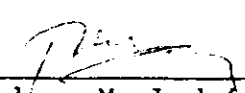
Business address (P.O. Box is not acceptable)

185 So. Broad St.
Pawcatuck, CT 06379

Residence address (P.O. Box is not acceptable)

247 No. Anguilla Rd.
Pawcatuck, CT 06379

Acceptance of appointment


Theodore M. Ladwig Signature of agent

5. MANAGEMENT

(Place a check mark next to the following statement only if it applies)

☐ The management of the limited liability company shall be vested in one or more managers.

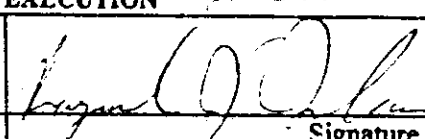
6. MANAGER(S) OR MEMBER(S) INFORMATION

Name	Title	Business Address	Residence Address
Raymond J. Quinlan	Member	185 So. Broad St. Pawcatuck, CT 06379	115 Taugwonk Rd. Stonington, CT 06378
Lydia Teixeira	Member	185 So. Broad St. Pawcatuck, CT 06379	22 Green Ave. Pawcatuck, CT 06379

7. EXECUTION

Raymond J. Quinlan

Print or type name of organizer


Signature

Reference an 8 1/2 x 11 attachment if additional space is required

STATE OF CONNECTICUT
OFFICE OF THE SECRETARY OF THE STATE } **SS. HARTFORD**

I hereby certify that this is a true copy of record
in this Office

In Testimony whereof, I have hereunto set my hand,
and affixed the Seal of said State, at Hartford
this 3rd day of September A.D. 2009



SECRETARY OF THE STATE



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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

Secretary of State

