Filing Fee: \$150.00 ID Number:	
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

FILED

FEB 16 2010

LIMITED LIABILITY COMPANY

10:05 29-111045

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:		
	Keene Enterprise LLC		
2.	The name, if different, under which it proposes to register and transact business in Rho	de Islar	nd is:
3.			OFFICE OF THE STATE OF THE STAT
4.	The date of its organization is		9 % CE
5.	The period of duration of the limited liability company is (if perpetual, so state) <u>per pe</u>	t1	SE STATE
6. The address of the limited liability company's resident agent in Rhode Island is:			PATE OS
	(Street Address, not P.O. Box) (City/Town)	, RI	
	(Street Address, <u>not</u> P.O. Box) (City/Town)		(Zip Code)
	and the name of the resident agent at such address is Thomas Carter (Name of Age	ent)	
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 limited liability company is organized is:	n undei	the laws of which the
	87 Wormale Ne Corporation RI		
9.	. The mailing address for the limited liability company is:		
	95 P.O. Box 127, Wrenthan MA 02093		
		,	

10.	Management of the Limited Liability Co	mpany:
A.	The limited liability company is to be mitem no. 11.)	anaged by its members. (If you have checked this box, go to
		<u>or</u>
B. The limited liability company is to be managed by one (1) or more managers. (If the limited liab company has managers at the time of the filing of these Articles of Organization, state the name address of each manager.)		
	<u>Manager</u>	Address
_		
_		
	thorized officer of the jurisdiction under w	icate of good standing duly authenticated by the secretary of state or other 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:	2/16/2010	KEENE Enterprises LLC
_ 3.0.		Print Exact Name of Limited Liability Company Making Application
		Signature of authorized person



The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

February 10, 2010

TO WHOM IT MAY CONCERN:

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

KEENE ENTERPRISES, LLC

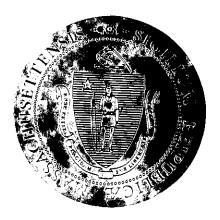
in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 2, 2009.

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: ERIC A **KEENE**

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

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



Processed By:crm

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 Galein