

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

2013 SEP 26 AM 9:55
SECRETARY OF STATE
CORPORATIONS DIV

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:

Crossroads Design Associates, LLC

[] This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

Crossroads Design of Rhode Island, LLC

3. The limited liability company is organized under the laws of Massachusetts

4. The date of its organization is January 10, 2013

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:

One Richmond Square, Suite 125B Providence, RI 02906
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is Registered Agents Inc. (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:

29 Ashcroft Rd.
Sharon, MA 02067

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

29 Ashcroft Rd.
Sharon, MA 02067

FILED

SEP 26 2013

By 49-206862
A.A. 9:55 A.M.

10. Management of the Limited Liability Company (check one only):

A. The limited liability company is to be managed by its members. *(If you have checked this box, go to item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)*

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

<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 filing, 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.

Date: September 25, 2013

Crossroads Design Associates, LLC

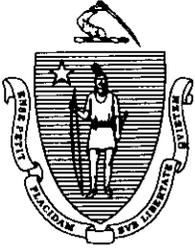
Print Exact Name of Limited Liability Company Making Application

By

Michael A. Baskin

Signature of Authorized Person

MICHAEL A. BASKIN



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

William Francis Galvin
Secretary of the
Commonwealth

September 5, 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

CROSSROADS DESIGN ASSOCIATES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **January 10, 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: **MICHAEL A BASKIN**

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

SEP 26 9 55 AM '13
REGISTRATION DIV
SECRETARY OF STATE

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.



William Francis Galvin
Secretary of the Commonwealth



State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 68-2
Cranston, Rhode Island 02920

Division of
Design
Professionals

BOARD OF EXAMINATION AND
REGISTRATION OF ARCHITECTS

2013 SEP 26 AM 9:55
DEPARTMENT OF STATE
CORPORATIONS DIV

September 05, 2013

Crossroads Design Associates, LLC
dba Crossroads Design of Rhode Island
29 Ashcroft Road
Sharon, MA 02067

Dear Sir/Madam:

Your request for Certificate of Authorization (COA) has been reviewed and approved by the Rhode Island Board of Examination and Registration of Architects (the "Board"). In accordance with the procedures adopted by this Board, **you are requested to provide the following information.**

The document requested by the Board is a **CERTIFICATE OF GOOD STANDING**, not Certificate of Authority, issued by the Rhode Island Secretary of State's Office, indicating that at the present time your corporate entity is in good standing insofar as registration procedures required by the Secretary of State's Office. The Board is requesting that the **original certificate of such notice be provided within 60 days. A copy of this letter must accompany your certificate of authority application, along with the required fee for a certificate of good standing, to the Secretary of State's office.**

You can contact the Rhode Island Secretary of State's Office by calling (401) 222-3040. Ask for corporations and explain you need the necessary papers to become registered in the State of Rhode Island.

Upon receipt of this **CERTIFICATE OF GOOD STANDING**, the Board will issue your Certificate of Authorization. If you have any questions, please feel free to contact this Board.

Please be advised that until receipt of this CERTIFICATE OF GOOD STANDING, your application is considered incomplete and you are not authorized to practice architecture in the state of Rhode Island.

Very truly yours,

BOARD OF EXAMINATION AND
REGISTRATION OF ARCHITECTS

Christian J. Ladds, AIA
Secretary

CJL/dmb



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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

