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

LIMITED LIABILITY COMPANY

SECREDARY OF STATE CORPORATIONS DIV

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:

121	and, and for that purpose submits the following statemen	nt.		
1.	The name of the limited liability company is:			
	Sigal Holdings LLC			
	This company has been duly organized in its state of formati	ion as a low-profit limited liability compa	iny. (Check box if applicable)	
2.	The name, if different, under which it proposes to regis	ster and transact business in RI	node Island is:	
3.	The limited liability company is organized under the la	ws of Massachusetts		
4.	The date of its organization is 9/18/2012			
5.	The period of duration of the limited liability company i	s (if perpetual so state) Perpet	tual	
6.				
	The address of the limited liability company's resident agent in Rhode Island is:			
	300 Centerville Road, Ste. 300 Summit West	Warwick	, RI <u>02886</u>	
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)	
	and the name of the resident agent at such address is Sanford J. Resnick, Esq.			
	-	(Name of	Agent)	
7.	The secretary of state is appointed the agent of the time there is no resident agent or if the resident agent 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:			
	26 Ossipee Road, Ste. 201, Newton, MA 02464			
9.	The mailing address for the limited liability company is	:		
	26 Ossipee Road, Ste. 201, Newton, MA 02464	FILED		
		1166		
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Form No. 450 Revised: 07/12 A.A.12:15p.m.

10.	. Management of the Limited Liability Company (check <u>one</u> only):			
A	A. The limited liability company is to be managed by its members. (If you have checked this box, g No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)			
	<u>or</u>			
E	B. The limited liability company is to be managed volume 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.)			
	<u>Manager</u>	<u>Address</u>		
-	Robert N. Fireman	26 Ossipee Road, Suite 201, Newton, MA 02464		
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	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. 1	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:	June 1, 2015	Sigal Holdings LLC		
Date.		Print Exact Name of Limited Liability Company Making Application		
		Ву		
		Signature of Authorized Person		



The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

May 28, 2015

TO WHOM IT MAY CONCERN:

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

SIGAL HOLDINGS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on September 18, 2012.

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: ROBERT N. FIREMAN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: ROBERT N. FIREMAN, JON R. LEVINE

The names of all persons authorized to act with respect to real property listed in the most

recent filing are: ROBERT N. FIREMAN

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villian Travino Galecin

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

