

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**

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 APR 15 AM 9:26

**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:

SRC Operations, LLC

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

n/a

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

4. The date of its organization is March 9, 2016

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:

450 Veterans Memorial Parkway, Ste. 7A

E. Providence

RI 02914

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is CT Corporation System

(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:

63 Kendrick St, Needham MA 02494

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

63 Kendrick St, Needham MA 02494

**FILED**

9:26

APR 15 2016

By 272386

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.)*

<u>Manager</u>	<u>Address</u>
Scott Schuster	63 Kendrick Street, Needham, MA 02494
Tamilyn M. Levin	63 Kendrick Street, Needham, MA 02494
Michael S. Benjamin	63 Kendrick Street, Needham, MA 02494

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.

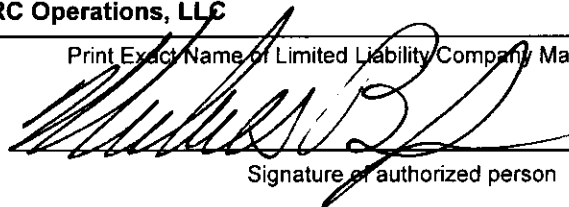
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: April 13, 2016

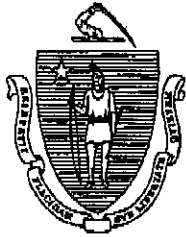
**SRC Operations, LLC**

Print Exact Name of Limited Liability Company Making Application

By



Signature of authorized person



William Francis Galvin  
Secretary of the  
Commonwealth

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

April 1, 2016

TO WHOM IT MAY CONCERN:

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

**SRC OPERATIONS, LLC**

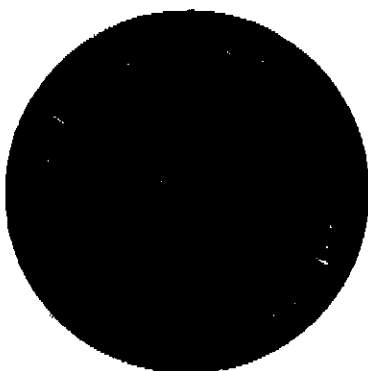
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **March 9, 2016.**

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: **SCOTT SCHUSTER, MICHAEL S. BENJAMIN, TAMILYN M. LEVIN**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **SCOTT SCHUSTER, MICHAEL S. BENJAMIN, TAMILYN M. LEVIN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **SCOTT SCHUSTER, MICHAEL S. BENJAMIN, TAMILYN M. LEVIN**



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