State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV

Application for Registration
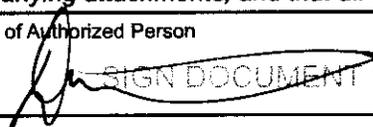## Foreign Limited Liability Company
Filing Fee: $150.00

Pursuant to the provisions of RIGL 7-16-49, 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:

PRO Insulation LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☑

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

2. The LLC is organized under the laws of:	**CT**
3. The date of its organization is:	**01/11/13**

And the period of its duration is: **CHECK ONLY ONE BOX**

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name **InCorp** Services Inc.

Street Address (NOT a P.O. Box) **222 Jefferson Blvd Suite 200**

City/Town **Warwick**	State **RHODE ISLAND**	Zip Code **02888**

5. The Department 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.

6. 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:

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By 213288

A.A. 8:58 A.M

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

12 E John Road
Sutton MA 01590

8. Management of the Limited Liability Company:

The limited liability company is managed:

[✔] By its members (If you have checked this box, go to Section 9. (**DO NOT** fill out the chart below.)

[ ] By one (1) or more managers (List managers below)

MANAGER	ADDRESS

9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.

10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX

[✔] Date received (Upon filing)

[ ] Later effective date (Date must be no more than 30 days from the day of filing) _____

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.

Signature of Authorized Person	Type or Print Name of LLC	Date
SIGN DOCUMENT HERE	**Douglas Stewart**	04/07/16

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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

PRO INSULATION LLC

a domestic limited liability company, were filed in this office on January 11, 2013.

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: April 04, 2016

Business ID: 1094628   Standard   Certificate Number: 2016101922001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov