



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 BUS. SVCS. DIV.
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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:		
ADAMS INSURANCE AGENCIES, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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: MASSACHUSETTS		
3. The date of its organization is:	SEPTEMBER 20, 2016	
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name JOSEPH B. WHITE, ESQ.		
Street Address (NOT a P.O. Box) ROBINSON & COLE LLP, ONE FINANCIAL PLAZA, SUITE 1430		
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02903
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:		
C/O QUINCY MUTUAL GROUP, 57 WASHINGTON STREET, QUINCY, MA 02169		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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7. The mailing address for the limited liability company is:
C/O QUINCY MUTUAL GROUP, 57 WASHINGTON STREET, QUINCY, MA 02169

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)

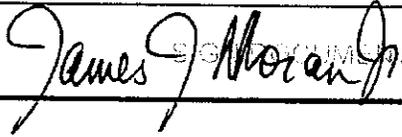
MANAGER	ADDRESS
QUINCY INVESTMENT HOLDINGS, LLC	57 WASHINGTON STREET, QUINCY, MA 02169

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.

Type or Print Name of LLC ADAMS INSURANCE AGENCIES, LLC	Date 9/28/16
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Signature of Authorized Person

 SIGNATURE: HERE
 James J. Moran, Jr., Authorized Person

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.



William Francis Galvin
Secretary of the
Commonwealth

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

September 27, 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

ADAMS INSURANCE AGENCIES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **September 20, 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: **QUINCY INVESTMENT HOLDINGS, LLC**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **QUINCY INVESTMENT HOLDINGS, LLC, K. DOUGLAS BRIGGS, KEVIN M. MESKELL, JAMES J. MORAN, JR., MICHAEL J. PRENDERGAST**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **K. DOUGLAS BRIGGS, KEVIN M. MESKELL, JAMES J. MORAN, JR., MICHAEL J. PRENDERGAST**

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 State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

