

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

R.I. DEPT. OF STATE
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purpose submits the following statement.			
The name of the limited liability company is:			
HRM OPERATIONS, 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 Isl	land is:	
2. The LLC is organized under the laws of: Delaware			
3. The date of its organization is: March 12, 2013			
And the period of its duration is: CHECK ONLY ONE BOX			
✓ Perpetual (on-going)			
Date certain for dissolution		<u> </u>	
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name Matthew H. Thomsen, Esq.			
Street Address (NOT a P.O. Box) 42 Granite Street			
City/Town Westerly	State RHODE ISLAND	Zip Code 02891	
The Department of State is appointed the agent of the foreign time there is no resident agent or if the resident agent cannot diligence.	gn limited liability company for s be found or served following the	service of process if at any e exercise of reasonable	
6. The address of any office required to be maintained in the s liability company is organized is:	state or other jurisdiction under	the laws of which the limited	
42 Granite Street, Westerly, RI 02891			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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By 291149 A.A. 2:41pm.

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7. The mailing address for the limited liability company is:				
42 Granite Street, Westerly, RI 02891				
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.				
Type or Print Name of LLC		Date		
Robert Zerbarini		December 19, 2016		
Signature of Authorized Person				
Pelus Parlance	SIGN DOCUMENT HERE			

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HRM OPERATIONS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HRM OPERATIONS, LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AHYS OF STATE OF STAT

Authentication: 203462204

Date: 12-07-16

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

