



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

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2016 DEC 22 PM 12:24

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:		
ECS North Atlantic 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: 9/9/10		
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 CT Corporation System:		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
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:		
186 Burroughs Road Braintree, MA 02184		

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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By **291493**
A.A. 12:24p-m

FORM 450 - Revised: 08/2016

7. The mailing address for the limited liability company is: 288 Grove Street Suite 375 Braintree, MA 02184	
8. Management of the Limited Liability Company: The limited liability company is managed: <input type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.) <input checked="" type="checkbox"/> By one (1) or more managers (List managers below)	
MANAGER	ADDRESS
Pasquale La Lama	186 Burroughs Road Braintree, MA 02184
David La Lama	186 Burroughs Road Braintree, MA 02184
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 <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____	
<i>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.</i>	
Type or Print Name of LLC ECS North Atlantic LLC	Date 12/20/16
Signature of Authorized Person 	



William Francis Galvin
Secretary of the
Commonwealth

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

December 14, 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

ECS NORTH ATLANTIC, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **September 9, 2010.**

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: **DAVID LA LAMA, PASQUALE LA LAMA**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DAVID LA LAMA, PASQUALE LA LAMA**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DAVID LA LAMA, PASQUALE LA LAMA**

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



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