

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 BUS SYCS DIV

purpose submits the following statement:			
1. The name of the limited liability company is:			
Mantie Bay Group, CL	_e		
Neartic Bay Group, LCC Is this company organized in its state or country of formation as a low-profit limited liability company? Yes NoV			
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: Connecti	cut		
3. The date of its organization is: July 30, 20	007		
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 Rhode Island Builders	Association		
Street Address (NOT a P.O. Box) 450 Veterans Memorial / Kwi City/Town E. Providence	State RHODE ISLAND	Zip Code 0 2 9/4	
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 s liability company is organized is:	state or other jurisdiction under	the laws of which the limited	

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 15232414

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7. The mailing address for the limited liab	ility company is:	- */273
225 Boston Post	Rd #124 East Lyne, CT	06333
	,	
8. Management of the Limited Liability Co	mpany:	
The limited liability company is managed:		· · · · · · · · · · · · · · · · · · ·
☑ By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the char	t below.)
By one (1) or more managers (List m	anagers below)	
MANAGER	ADDRESS	
9. This application is accompanied by a C	ertificate of Good Standing/Letter of Status issued b	by the proper officer of the
	is formed that is dated within 60 days of the filing o	
	te of Registration will be effective: CHECK ONLY C	DNE BOX
Date received (Upon filing)		
Later effective date (Date must be no	more than 30 days from the day of filing)	
	rm that I have examined this Application for Registr	ation, including any
accompanying attachments, and that all stages	atements contained herein are true and correct.	Dete
Miartic Bay 6	a ccc	Date 47-17
		4-1-97
Signature of Anthorized Person	SIGN DOCUMENT HERE	"
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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

NIANTIC BAY GROUP, LLC

a domestic limited liability company, were filed in this office on July 30, 2007.

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

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Date Issued: March 09, 2017

Business ID: 0907976 Express Certificate Number: 2017079558001

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