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 BUSINESS SERVICES DIV.
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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 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:		
Mohegan Restaurant (Fast Casual) Holdings, 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: Mohegan Tribe of Indians of Connecticut		
3. The date of its organization is: 05/05/2014		
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 Sherkachi, Esq.		
Street Address (NOT a P.O. Box) 33 College Hill Road, Suite 15-E		
City/Town Warwick	State RHODE ISLAND	Zip Code 02886
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:		
13 Crow Hill Road, Uncasville, CT 06382		

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BY KL 301853
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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

13 Crow Hill Road, Uncasville, CT 06382

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
David F. McBride, Jr.	13 Crow Hill Road, Uncasville, CT 06382

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
Mohegan Restaurant (Fast Casual) Holdings, LLC	

Signature of Authorized Person  FORM 450 - REVISED 08/2016



COMMERCIAL RECORDING DIVISION

CERTIFICATE OF EXISTENCE/AUTHORIZATION

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I, the undersigned Director of the Commercial Recording Division, do hereby certify on behalf of the Commercial Recording Division of the Mohegan Tribe of Indians of Connecticut that

Mohegan Restaurant (Fast Casual) Holdings, LLC

is duly formed under the law of the Mohegan Tribe of Indians of Connecticut and is in good standing and has a legal existence so far as the records of this office show, as of the date hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Commercial Recording Division, at Uncasville, Connecticut, this 18th day of April, 2017.

Kevin W. Meisner, Director
Commercial Recording Division



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:

April 24, 2017 12:47 PM

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

