



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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R.I. DEPT. OF STATE
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2017 JUL 11 PM 12:42

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: ☐		
BROCKTON PHARMACY PROPERTY DEVELOPMENT, 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 Island is: ☐		
2. The LLC is organized under the laws of: ☐ Massachusetts		
3. The date of its organization is: ☐ 02-01-2008		
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 C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
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: ☐		
96 MAIN STREET, BRIDGEWATER MA 02324		

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 CA 307951

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

96 MAIN STREET BRIDGEWATER, MA 02324 USA

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
GEORGE P. HASEOTES	96 MAIN STREET BRIDGEWATER, MA 02324 USA

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

BROCKTON PHARMACY PROPERTY DEVELOPMENT, LLC

Date

07/11/2017

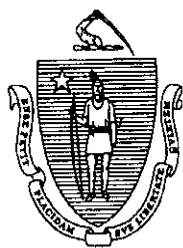
Signature of Authorized Person

Edward Gildes

SIGN DOCUMENT HERE

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.

FORM 450 - Revised: 08/2016



William Francis Galvin
Secretary of the
Commonwealth

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

Date: June 07, 2017

To Whom It May Concern :

I hereby certify that a certificate of organization of Limited Liability Company was filed
in this office by

BROCKTON PHARMACY PROPERTY DEVELOPMENT, LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on
February 01, 2008.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation;
that said Limited Liability Company has not been administratively dissolved; and that, so far as
appears of record, said Limited Liability Company has legal existence.



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

Certificate Number: 17060141790

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by:



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:

July 11, 2017 12:42 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

