RI SOS Filing Number: 201856587260 Date: 1/23/2018 10:01:00 AM



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:

SECRETARY OF STATE CORPORATIONS 5.V

1. The name of the limited flability company is: Heritage Realty Enterprises, LLC Is this company organized in its state or country of formation as a low-profit limited flability 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: August 4, 2006 And the period of its duration is: August 4, 2006 And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name Matthew Slepkow Street Address (NOT a P.O. Box) 1481 Wampanoag Trall #3 City/Town Riverside Zip Code 02915 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	purpose submits the following statement:		<u> </u>
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: August 4, 2006 And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name Matthew Slepkow Street Address (NOT a P.O. Box) 1481 Wampanoag Trail #3 City/Town Riverside Zip Code 02915	The name of the limited liability company is:		
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Street Address (NOT a P.O. Box) 1481 Wampanoag Trail #3 City/Town Riverside State RHODE ISLAND Zip Code 02915	4. The name and address of the resident agent/office in Rhod	e Island is:	<u></u>
City/Town Riverside State RHODE ISLAND Zip Code 02915	Agent Name Matthew Siepkow		
1/1/05210	Street Address (NOT a P.O. Box) 1481 Wampanoag Trail #3		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	City/Town Riverside	State RHODE ISLAND	Zip Code 02915
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Check the box to indicate an attachmen		Check the b	oox to indicate an attachment 🗹

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

JAN 2 3 2018

BY 322359

Business of the LLC. The general character of the business of the LLC is acquiring by purchase, lease, or otherwise, and owning, managing, operating, improving, maintaining and developing, real property. Erecting buildings, residential dwellings and other structures of all kinds on or about real property. Surveying, plotting, laying out, grading, paving, constructing, rehabilitating, renovating, and otherwise improving real property. Buying, selling, disposing of, marketing, conveying, assigning, mortgaging, financing, re-financing, exchanging, leasing, renting, letting, holding for investment or otherwise, using, operating and dealing in real estate of all kinds, improved or unimproved, and any right or interest therein, directly or indirectly, including through or in conjunction with other limited liability companies, corporations, partnerships (whether general or limited), trusts, and/or other entities. Engaging in any and all activities directly or indirectly related or incidental to the foregoing, and engaging in any and all other activities in which a limited liability company organized under the laws of the Commonwealth of Massachusetts may lawfully consent.

	d the agent of the foreign limited liability company to resident agent cannot be found or served following the control of the	
The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization the foreign limited liability company is:	on by the laws of that state or,
3 Park St. #10 Rehoboth, MA 02769		
8. The mailing address for the limited liabil	lity company is:	
3 Park St. #10 Rehoboth, MA 02769		
9. Management of the Limited Liability Co.	mpany:	
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX	
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the char	rt below.)
By one (1) or more managers (List ma	anagers below)	
MANAGER	ADDRESS	
fran Owally	3 Park St. #10 Rehubuthina	02769
		· · · · · · · · · · · · · · · · · · ·
10. This application must be accompanied formation dated within 60 days of the date	by a <u>Certificate of Good Standing/Letter of Status</u> of filing.	from the state or country of
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE B	OX ONLY
Date received (Upon filing)		
Later effective date (Date must be no	more than 30 days from the date of filing)	
	rm that I have examined this Application for Regist atements contained herein are true and correct.	ration, including any
Type or Print Name of LLC	· ·	Date
Heritage Realty Enterprises, LLC		1/19/2018
Signature of Authorized Person	Jan Doct H. LEPE	



The Gommonwealth of Massachusetts Secretary of the Gommonwealth State House, Boston, Massachusetts 02188

December 14, 2017

TO WHOM IT MAY CONCERN:

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

HERITAGE REALTY ENTERPRISES, L.L.C.

in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 4, 2006.

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: RYAN DUVALLY

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: RYAN DUVALLY

The names of all persons authorized to act with respect to real property listed in the most recent filing are: RYAN DUVALLY

I have hereunto affixed the Great Seal of the Commonwealth

on the date first above written.

In testimony of which,

Secretary of the Commonwealth

William Travino Galecin

Processed By:sam

RI SOS Filing Number: 201856587260 Date: 1/23/2018 10:01:00 AM



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:

January 23, 2018 10:01 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

