



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

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 CORPORATIONS DIV  
 2018 MAR - 7 AM 9:58

**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:		
COASTAL MANAGEMENT L.L.C.		
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: IDAHO		
3. The date of its organization is: 2/26/2018		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<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 RHODE ISLAND BUILDERS ASSOCIATION		
Street Address (NOT a P.O. Box) 450 VETERANS MEMORIAL PARKWAY		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02893
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: RESIDENTIAL GENERAL CONTRACTOR.		
Check the box to indicate an attachment <input type="checkbox"/>		

**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 326025

6. The RI 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.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

5102 N 330 W TETONIA, IDAHO 83452

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

5102 N 330 W TETONIA, IDAHO 83452

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

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
PETER KELLY	5102 N 330 W TETONIA, ID 83452 TETONIA, ID 83452

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 30 days from the date 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

COASTAL MANAGEMENT LLC

Date

3/7/2018

Signature of Authorized Person



SIGN DOCUMENT HERE

# State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

COASTAL MANAGEMENT LLC

File Number W-196621

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I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 2/26/2018.

I FURTHER CERTIFY That the limited liability company's certificate of organization has not been dissolved.

Dated: 2/27/2018 8:16 AM



A handwritten signature in black ink, appearing to read "Lawrence Denney".

SECRETARY OF STATE



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:

March 07, 2018 09:58 AM

The signature is written in a cursive, blue ink style. It clearly shows the first letters of the first and last names, "N" and "G", and the middle initial "M".

Nellie M. Gorbea  
*Secretary of State*

