

Filing Fee: \$150.00

ID Number: 138505



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, 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:

BLOCK ISLAND FERRY SERVICES LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

Block Island Express

3. The limited liability company is organized under the laws of CT

4. The date of its organization is 12/18/03

5. The period of duration of the limited liability company is (if perpetual, so state) perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

72 Pine Street

Providence

RI 02903

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is The Law Firm of Little, Bulman, Medeiros

(Name of Agent)

7. The secretary 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.

8. 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:

2 Ferry Street

New London, CT 06320

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

2 Ferry Street

New London, CT 06320

10. The limited liability company is to be managed by:

(Check one box only)

☐ its members or ☒ by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

| <u>Manager</u>    | <u>Address</u>       |
|-------------------|----------------------|
| Adam C. Wronowski | 2 Ferry Street       |
|                   | New London, CT 06320 |
|                   |                      |
|                   |                      |
|                   |                      |
|                   |                      |

12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

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.

Date: March 3 2004

Adam C. Wronowski

Print Exact Name of Limited Liability Company Making Application

By

Adam C. Wronowski  
Manager

Adam C. Wronowski  
Signature of authorized person