State of Rhode Island and Providence Plantations **Department of State - Business Services Division** Application for Registration FOREIGN Limited Liability Company \rightarrow 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 ٢.٠ purpose submits the following statement: 1. The name of the limited liability company is: ARROW SALON LLC No 🔽 Is this company organized in its state or country of formation as a low-profit limited liability company? Yes 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: JUNE 14, 2017 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 **REGISTERED AGENTS INC.** Street Address (NOT a P.O. Box) ONE RICHMOND SQUARE, SUITE 125B Zip Code 02906 City/Town PROVIDENCE State **RHODE ISLAND** 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO OWN AND OPERATE A HAIR SALON AND TO DO EVERYTHING NECESSARY, CONVENIENT, OR USEFUL IN FURTHERANCE THEREOF, AND TO ENGAGE IN ANY OTHER LAWFUL BUSINESS IN WHICH A LIMITED LIABILITY COMPANY MAY ENGAGE UNDER RHODE **ISLAND LAW** Check the box 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



FORM 450 - Revised: 11/2017

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:	
230 ROCHAMBEAU AVE., PROVIDENCE, RI 02906	
8. The mailing address for the limited liability company is:	
14 GREENWOOD VILLAGE STREET, NORTH EASTON, MA 02356	
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
ELYSE M. FARNSWORTH	14 GREENWOOD VILLAGE STREET, NORTH EASTON, MA 02356
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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 Date	
ELYSE M. FARNSWORTH	
Signature of Authorized Person	



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

William Francis Galvin Secretary of the Commonwealth

January 24, 2018

TO WHOM IT MAY CONCERN:

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

ARROW SALON LLC

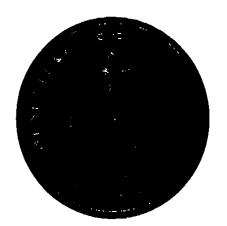
in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 14, 2017.

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: ELYSE M. FARNSWORTH

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

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ELYSE M. FARNSWORTH**



Processed By:tn

In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

William Thening Galeein

Secretary of the Commonwealth



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 28, 2018 11:37 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

