

# **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:

| purpose submits the following statement:  | t business in the State of Knode Island, and to | ı tılat               |  |
|---|---|-----------------------|--|
| 1. The name of the limited liability company is:  |   |                       |  |
| Municipal Code Consulting   | 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 t   | o register and transact business in Rhode Islai | nd is:                |  |
| 2. The LLC is organized under the laws of:  | Massachusetts                                   | E CM<br>CM<br>OC<br>P |  |
| 3. The date of its organization is: 08/18/26  | 017   | APR 1                 |  |
| And the period of its duration is: CHECK ONE I  | BOX ONLY  | <u>∞</u> ∃-₹⊒         |  |
| Perpetual (on-going)  |   | <b>3.</b> 99.00       |  |
| Date certain for dissolution  |   | )<br>STAT<br>S DIV    |  |
| 4. The name and address of the resident agent/  | office in Rhode Island is:                      | <del>- 11</del>       |  |
| Agent Name TRAC - The Registered Agent Co   | ompany  |                       |  |
| Street Address (NOT a P.O. Box) 222 Jefferson   | Boulevard, Suite 200                            |                       |  |
| City/Town<br>Warwick  | State RHODE ISLAND                              | Zip Code<br>02888     |  |
| 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 is to provide code compliance consulting, and other departmental services, to public entities in the domains of building safety / construction, fire safety / prevention, life safety, public and environmental health, and accessibility.  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 **FILED** 

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| <ol><li>The RI Department of State is appointe<br/>any time, there is no resident agent or if the<br/>diligence.</li></ol> | d the agent of the foreign limited liability company for service of process if, at<br>ne resident agent cannot be found or served following the exercise of reasonable | ) |
|--|--|---|
| 7. 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 by the laws of that state or the foreign limited liability company is:  |   |
| 1116 Great Plain Ave., Suite 207, Needh  | am, MA 02492   |   |
| 8. The mailing address for the limited liabi   | lity company is:   |   |
| 1116 Great Plain Ave., Suite 207, Needh  | am, MA 02492   |   |
| 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 chart below.)  |   |
| By one (1) or more managers (List m  | anagers below)   |   |
| MANAGER  | ADDRESS  |   |
| Felix I Zemel  | 1116 Great Plain Ave., Suite 207, Needham, MA 02492  |   |
| Kevin S Hastings   | 1116 Great Plain Ave., Suite 207, Needham, MA 02492  |   |
| Dana R Haagensen   | 1116 Great Plain Ave., Suite 207, Needham, MA 02492  |   |
|  |  |   |
| 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> from the state or country of of filing.  |   |
| 11. Date when this application for Certifica   | ite 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)   |   |
|  | rm that I have examined this Application for Registration, including any tatements contained herein are true and correct.  |   |
| Type or Print Name of LLC  | Date   |   |
| Municipal Code Consulting LLC  | 16 APRIL 2018  |   |
| Signature of Authorized Person   | SIGN DOCUMENT HERE Jely &. 3/h   |   |



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

## April 13, 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

### MUNICIPAL CODE CONSULTING LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 18, 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: FELIX I ZEMEL, KEVIN S HASTINGS, DANA R HAAGENSEN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: FELIX I ZEMEL, KEVIN S HASTINGS, DANA R HAAGENSEN

The names of all persons authorized to act with respect to real property listed in the most recent filing are: FELIX I ZEMEL, KEVIN S HASTINGS, DANA R HAAGENSEN



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

William Revis Gallerin Secretary of the Commonwealth

ZURPORATIONS DIV

Processed By:jbm