



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

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CORPORATIONS DIV.
2018 MAY -3 PM 1:05

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:		
Fischer Roofing LIMITED LIABILITY COMPANY		
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: New Jersey		
3. The date of its organization is: November 20, 2009		
And the period of its duration is: CHECK ONE BOX ONLY		
<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 ParaSearch Inc		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Ste 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
We would like to obtain a license so that we can perform roofing work in RI.		
Check the box to indicate an attachment <input type="checkbox"/>		

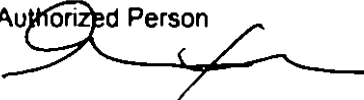
MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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BY HL 309920
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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: 464 Park Avenue Suite 4, Lakewood, NJ 08701	
8. The mailing address for the limited liability company is: 464 Park Avenue Suite 4, Lakewood, NJ 08701	
9. Management of the Limited Liability Company: The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX <input checked="checked" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.) <input type="checkbox"/> By one (1) or more managers (List managers below)	
MANAGER	ADDRESS
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 <input checked="checked" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____	
<i>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.</i>	
Type or Print Name of LLC Fischer Roofing LLC	Date 4/30/18
Signature of Authorized Person  SIGN DOCUMENT HERE	

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

FISCHER ROOFING LIMITED LIABILITY COMPANY

0400317734

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 20, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2017

I further certify that the registered agent and office are:

SOLOMON FISCHER
464 PARK AVENUE, SUITE #4
LAKEWOOD, NJ 08701



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
15th day of April, 2018.*

Elizabeth Maher Muoio
Acting State Treasurer

Certificate Number : 6087516883

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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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:

May 03, 2018 01:05 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

