

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:

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

purpose submits the following statement:		<u> </u>	
The name of the limited liability company is:			
PS NORTHEAST, 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 to register and transact business in Rhode Island is:			
2 The LLC is organized under the laws of: DELAWARE	_		
3. The date of its organization is: 09/10/2013			
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 CT CORPORATION SYSTEM			
Street Address (NOT a P.O. Box) 450 VETERANS MEMORIAL PARKWAY, SUITE 7A			
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02914	
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
REAL ESTATE			
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 JUN - 4 2018
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	d the agent of the foreign limited liability company for the resident agent cannot be found or served following		
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 organizatio the foreign limited liability company is:	n by the laws of that state or,	
701 WESTERN AVENUE GLENDALE, C.	A 91201		
8. The mailing address for the limited liabi	lity company is:		
701 WESTERN AVENUE ATTN: DREW	ADAMS GLENDALE, CA 91201		
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 ma	anagers 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 Certifica	ite of Registration will be effective. CHECK ONE BO	OX 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 Registr tatements contained herein are true and correct.	ation, including any	
Type or Print Name of LLC		Date	
PS NORTHEAST, LLC		05/29/2018	
Signature of Authorized Person	Adamouvent HERE		

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PS NORTHEAST, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FIFTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PS NORTHEAST, LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2018 JUN -4 PM 12: 15

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Date: 05-25-18