

Filing Fee: \$150.00



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Division of Business Services  
148 W. River Street  
Providence, Rhode Island 02904-2615

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 JUL 30 PM 2:18

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 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:

**Quarry View Construction, LLC**

☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

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

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

4. The date of its organization is **12/22/2009**

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:

**450 Veterans Memorial Parkway, Suite 7A**

**East Providence**

**RI 02914**

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is **National Registered Agents, Inc.**

(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:

**695 Hartman Station Rd.**

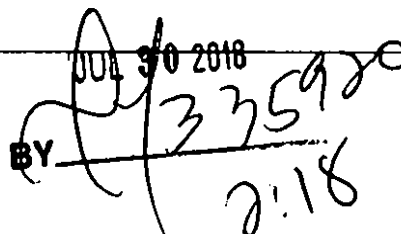
**Lancaster, PA 17601**

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

**695 Hartman Station Rd.**

**Lancaster, PA 17601**

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10. Management of the Limited Liability Company (check one only):

A. The limited liability company is to be managed ☒ by its members. *(If you have checked this box, go to item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)*

or

B. The limited liability company is to be managed ☐ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

Manager

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. 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.

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

\_\_\_\_\_  
(not prior to, nor more than 30 days after, the filing of this Application for Registration)

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: 07/30/2018

Quarry View Construction, LLC

Print Exact Name of Limited Liability Company Making Application

By Paul D. Lynch  
Signature of Authorized Person

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

07/23/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Quarry View Construction, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC180723080099-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>