No Filing Fee (See Instructions)

ID Number:



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

APPLICATION FOR TRANSFER OF AUTHORITY (Insert full name of the entity following the transfer) SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (check one box only): Business Corporation or Limited Liability Company or Non-Profit Corporation or Limited Partnership or Limited Liability Partnership submits the following Application for the purpose of transferring its authority to a (check one box only): X Limited Liability Company or Limited Partnership or **Business Corporation or** Limited Liability Partnership or Non-Profit Corporation The name of the entity filing this application for transfer is: The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: The jurisdiction upon transfer of authority: Hampskire The name of the entity following the transfer of authority is: Eco Stonewocks L The application for transfer is filed as an accompanying certificate to the L certificate of registration for a limited partnership or X application for registration for a limited liability company or | application for certificate of authority for a business corporation or application for certificate of authority for a non-profit corporation or notice of registration for a registered limited liability partnership (check one box only).

The application for transfer is accompanied by a certificate of good standing or legal existence issued by the f. proper officer of the state or country under the laws of which it is incorporate.

Form 612 05/12

SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

| Date: 09/20/18 | | • |
|--|-------------|---|
| Print Name of Other Entity | <u>OR</u> | Print Name of Partnership |
| By: | | BySignature of Partner |
| By: Signature of Authorized Person : | | BySignature of Partner |
| | | By:Signature of Partner |
| • | | Signature of Partner |
| Fan Stoneworks Corp Print Name of Corporation | <u>OR</u> | From Stoneworks LLC Print Name of Lighted Liability Company |
| By: Signature of Authorizate Person | | By: Signature of Authorized Person |
| By: | | ву: |
| Signature of Authorized Person | | Signature of Authorized Person |