



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
STATE
SECRETARY OF STATE
CORPORATIONS DIV
2018 OCT 18 AM 11:58

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:		
Wilver, LLC		
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: The Commonwealth of Massachusetts		
3. The date of its organization is: February 26, 2014		
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 George J. Lough, III		
Street Address (NOT a P.O. Box) 469 Centerville Road, Suite 206		
City/Town Warwick	State RHODE ISLAND	Zip Code 02886
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 of the LLC is to hold, own improve, operate and manage, service, lease, mortgage and encumber, sell, invest and reinvest and otherwise deal with property, both real and personal, tangible and intangible; to engage in any activities directly or indirectly related or incidental thereto, and to carry on any lawful business, trade, purpose or activity, to purchase or otherwise own and deal in stocks, bonds, mortgages, debentures securities and obligations of every nature; see attachment attached hereto as Exhibit "A"		
Check the box to indicate an attachment <input checked="" 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

OCT 18 2018

BY **TEXX**
A.A. 11:58 AM
 FOR 250 - Rev. 11/2017

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:

140 Huard Street, Fall River, Massachusetts 02721

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

140 Huard Street, Fall River, Massachusetts 02721

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed 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 managers below)

MANAGER	ADDRESS
Joshua M. Oliver	140 Huard Street, Fall River, MA 02721
John S. Wilson	9 Nichols Street, Rehoboth, MA 02769
Julieann C. Wilson	9 Nichols Street, Rehoboth, MA 02769

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**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

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.

Type or Print Name of LLC

Wilver, LLC

Date

10/15/2018

Signature of Authorized Person

SIGN DOCUMENT HERE

John S. Wilson, Manager, duly authorized

EXHIBIT "A"

To receive, collect and dispose of interest, dividends, and income upon, of, and from any of the stocks, bonds, mortgages, debentures, securities, and obligations, and other property for the LLC's business purposes, as and when the LLC's Managers shall determine.



William Francis Galvin
Secretary of the
Commonwealth

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

October 11, 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

WILVER, LLC

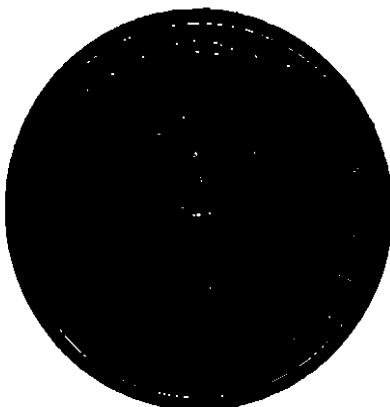
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 26, 2014.**

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: **JOSHUA M OLIVER, JOHN S WILSON, JULIEANN C WILSON**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JOSHUA M OLIVER, JOHN S WILSON, JULIEANN C WILSON**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **JOSHUA M OLIVER, JOHN S WILSON, JULIEANN C WILSON**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 OCT 18 AM 11:50



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:

October 18, 2018 11:58 AM

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

