



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

## 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:

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2018 NOV 26 PM 12:47

1. The name of the limited liability company is:		
<b>C Squared Systems LLC</b>		
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: <b>New Hampshire</b>		
3. The date of its organization is: <b>03/30/2000</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<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 <b>Registered Agents Inc.</b>		
Street Address ( <u>NOT</u> a P.O. Box) <b>One Richmond Square, Ste 125B</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02906</b>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
<b>DAS (Distributive antenna systems) installation.</b>		
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**

NOV 26 2018

BY **BDH4**

**AA 12:47 p.m.**

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:  <b>65 Dartmouth Drive, Auburn NH 03032</b>	
8. The mailing address for the limited liability company is:  <b>65 Dartmouth Drive, Auburn NH 03032</b>	
9. Management of the Limited Liability Company:  The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b> <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)	
<b>MANAGER</b>	<b>ADDRESS</b>
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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. <b>CHECK ONE BOX ONLY</b> <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 <b>C Squared Systems LLC</b>	Date <b>11/21/2018</b>
Signature of Authorized Person  <div style="text-align: right; margin-top: 10px;">SIGN DOCUMENT HERE</div>	

# State of New Hampshire

## Department of State

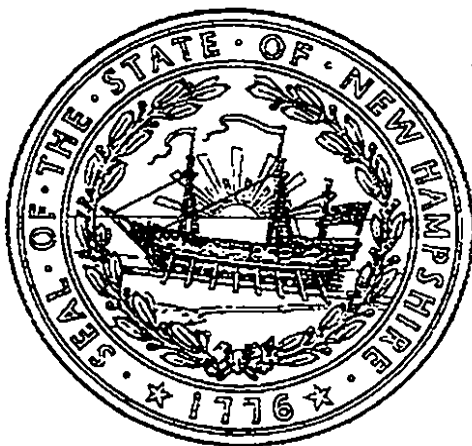
### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that C SQUARED SYSTEMS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on March 30, 2000. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 342459

Certificate Number: 0004179441

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2018 NOV 26 PM 12:47



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 4th day of September A.D. 2018.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State



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:

November 26, 2018 12:47 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*

