



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:

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SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP 24 PM 4:04


1. The name of the limited liability company is:		
Home with Alyson RE, 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: Massachusetts		
3. The date of its organization is: August 7, 2018		
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 Megan Sheehan, Esq.		
Street Address (NOT a P.O. Box) 201 Washington Road, Suite 201		
City/Town Barrington	State RHODE ISLAND	Zip Code 02806
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: real estate agent		
Check the box to indicate an attachment <input type="checkbox"/>		

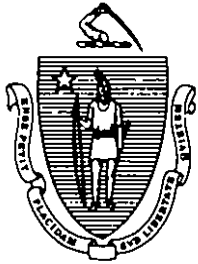
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R.I. DEPT. OF STATE
BUS SVCS DIV
2018 NOV 29 AM 9:30

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

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BY [Signature] JGMDV
9:30

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: 8 Jacoby Way, Seekonk, MA 02771	
8. The mailing address for the limited liability company is: 8 Jacoby Way, Seekonk, MA 02771	
9. Management of the Limited Liability Company: The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX <input 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)	
MANAGER	ADDRESS
10. This application must be accompanied by a <u>Certificate of Good Standing</u> / <u>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: CHECK ONE BOX ONLY <input 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 Home with Alyson RE, LLC	Date 8/23/2018
Signature of Authorized Person <div style="text-align: center;">  <small>SIGNATURE FILE</small> </div> SOLE member/manager	



William Francis Galvin
Secretary of the
Commonwealth

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

November 5, 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

HOME WITH ALYSON RE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **August 7, 2018.**

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: **ALYSON ROSLONEK**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **ALYSON ROSLONEK**

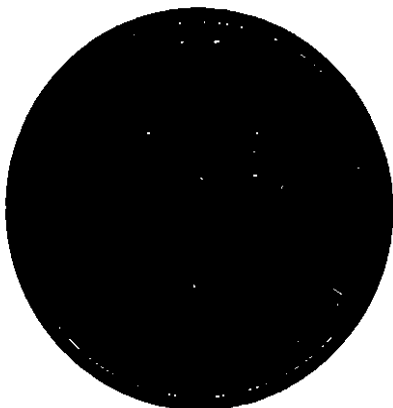
The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**

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