



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  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 DEC 20 PM 12:00

|                                                                                                                                                                                                                                                                                                                                                                                         |                           |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|
| 1. The name of the limited liability company is:                                                                                                                                                                                                                                                                                                                                        |                           |                       |
| <b>LIDDELL DEVELOPMENT, 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>MASSACHUSETTS</b>                                                                                                                                                                                                                                                                                                                         |                           |                       |
| 3. The date of its organization is: <b>06/18/1996</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>CORPORATION SERVICE COMPANY</b>                                                                                                                                                                                                                                                                                                                                           |                           |                       |
| Street Address (NOT a P.O. Box) <b>222 JEFFERSON BOULEVARD, SUITE 200</b>                                                                                                                                                                                                                                                                                                               |                           |                       |
| City/Town <b>WARWICK</b>                                                                                                                                                                                                                                                                                                                                                                | State <b>RHODE ISLAND</b> | Zip Code <b>02888</b> |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:<br><b>TO PURCHASE, LEASE, OWN, OPERATE, MANAGE, DISPOSE OF, AND OTHERWISE DEAL IN AND WITH REAL ESTATE, AND SUCH OTHER ACTIVITIES CONVENIENT OR COMPLEMENTARY THERETO; AND ANY OTHER BUSINESS IN WHICH A RHODE ISLAND LIMITED LIABILITY COMPANY IS AUTHORIZED TO ENGAGE.</b> |                           |                       |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |                           |                       |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

12:00  
**FILED**  
DEC 20 2018  
BY *[Signature]* T322M

|                                                                                                                                                                                                                                                                                                                                                            |                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 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:<br><br><b>600 INDUSTRIAL DRIVE, HALIFAX, MA 02338</b>                                                                            |                                                |
| 8. The mailing address for the limited liability company is:<br><br><b>600 INDUSTRIAL DRIVE, HALIFAX, MA 02338</b>                                                                                                                                                                                                                                         |                                                |
| 9. Management of the Limited Liability Company:<br><br>The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b><br><input type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)<br><input checked="" type="checkbox"/> By one (1) or more managers (List managers below) |                                                |
| <b>MANAGER</b>                                                                                                                                                                                                                                                                                                                                             | <b>ADDRESS</b>                                 |
| <b>GARRETT M. LIDDELL</b>                                                                                                                                                                                                                                                                                                                                  | <b>600 INDUSTRIAL DRIVE, HALIFAX, MA 02338</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><br><input checked="" type="checkbox"/> Date received (Upon filing)<br><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<br><b>LIDDELL DEVELOPMENT, LLC</b>                                                                                                                                                                                                                                                                                               | Date<br><b>12-12-18</b>                        |
| Signature of Authorized Person<br>                                                                                                                                                                                                                                     |                                                |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 450 - Revised: 11/2017



William Francis Galvin  
Secretary of the  
Commonwealth

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

December 17, 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

**LIDDELL DEVELOPMENT, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **June 18, 1996**.

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:

**GARRETT M. LIDDELL**

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

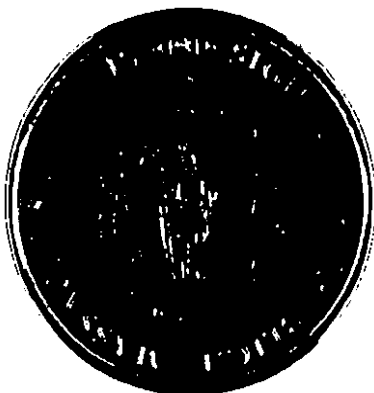
The names of all persons authorized to act with respect to real property listed in the most recent filing are: **GARRETT M. LIDDELL**

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



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:

December 20, 2018 12:00 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*

