



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 JAN -8 AM 10:49

**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: <input type="text" value="William G. Frank Medical Gas Testing &amp; Consulting, LLC"/>  |  |  |
| Is this company organized in its state or country of formation as a low-profit limited liability company? <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/> |  |  |
| The name, if different, under which it proposes to register and transact business in Rhode Island is: <input type="text"/>  |  |  |
| 2. The LLC is organized under the laws of: <input type="text" value="New Hampshire"/>   |  |  |
| 3. The date of its organization is: <input type="text" value="7/17/2012"/>  |  |  |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="radio"/>   |  |  |
| <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: <input type="text"/>   |  |  |
| Agent Name <input type="text" value="Business Filings International, Inc."/>  |  |  |
| Street Address (NOT a P.O. Box)<br><input type="text" value="450 Veterans Memorial Parkway Suite 7A"/>  |  |  |
| City/Town<br><input type="text" value="East Providence"/>   | State<br><input type="text" value="RHODE ISLAND"/> | Zip Code<br><input type="text" value="02914"/> |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: <input type="text" value="Medical Gas Inspection and Verification"/>                             |  |  |
| 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**

JAN 08 2019  
 BY *SPH/K*  
 A.A. 10:49AM.

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:

2101 Dover Rd., Epsom, New Hampshire 03234

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

2101 Dover Rd., Epsom, New Hampshire 03234

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   |
|---------------|---|
| Thomas B Hill | 7 Old Dover Rd., Concord, New Hampshire 03301           |
| Neil Gagne    | 285 Stone Rd, Gilmanton Iron Works, New Hampshire 03837 |
|               |   |
|               |   |

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**

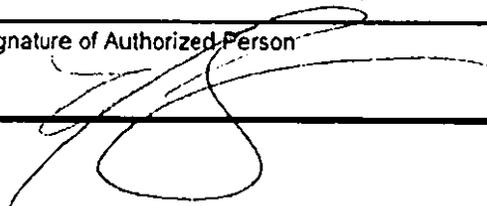
Date received (Upon filing)

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  
William G. Frank Medical Gas Testing & Consulting, LLC

Date  
1-4-19

Signature of Authorized Person  


Neil Gagne, Manager

# 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 WILLIAM G. FRANK MEDICAL GAS TESTING & CONSULTING, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on July 17, 2012. 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: 674618

Certificate Number: 0004367537



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 7th day of January A.D. 2019.

A handwritten signature in black ink, 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:

January 08, 2019 10:49 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

