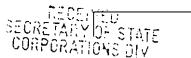
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## **Application for Registration**

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00

2019 MAR 21 PH 4: 12

| Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned applies for a Certificate of Registration to transact business in |  |                                |
|---|--|--------------------------------|
| purpose submits the following statement:  |  |                                |
| The name of the limited liability company is:   | <del></del>                            |                                |
| Barone Capital, LLC   |  |                                |
| Is this company organized in its state or country of formation  | n as a low-profit limited liability co | mpany? Yes No 🗸                |
| The name, if different, under which it proposes to register ar  | nd transact business in Rhode Isl      | and is:                        |
|   |  |                                |
| 2. The LLC is organized under the laws of: State of New   | rada                                   |                                |
| 3. The date of its organization is: June 22, 2016   |  |                                |
| And the period of its duration is: CHECK ONE BOX ONLY   |  |                                |
| ✓ Perpetual (on-going)  |  |                                |
| Date certain for dissolution  |  | _                              |
| 4. The name and address of the resident agent/office in Rho   | de Island is:                          |                                |
| Agent Name<br>Gene M. Carlino, Esq.   |  |                                |
| Street Address (NOT a P.O. Box) 1301 Atwood Avenue, So  | uite 215N                              |                                |
| City/Town Johnston  | State<br>RHODE ISLAND                  | Zip Code<br>02919-4946         |
| 5. The purpose or purposes which it proposes to pursue in t   | he transaction of business in Rho      | ode Island are:                |
| To engage in real estate activities, including, but not lim   | nited to, the development, renta       | al, sale and construction of   |
| commercial real estate and all other legal purposes for   | which an entity can conduct bu         | isiness in the state or states |
| of registration.  |  |                                |
|   |  |                                |
|   |  |                                |
|   | Check the box                          | c to indicate an attachment    |
|   |  |                                |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

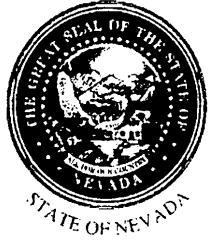
Phone: (401) 222-3040 Website: www.sos.ri.gov

MAR 2 1 2019

FORM 450 - Revised 11/2017

|   | d the agent of the foreign limited liability company f<br>ne resident agent cannot be found or served followi |                                  |  |
|---|---|----------------------------------|--|
| 7. The address of the office required to be if not so required, of the principal office of  | maintained in the state or country of its organization the foreign limited liability company is:              | on by the laws of that state or, |  |
| One Realty Way, East Providence, Rho  | de Island 02914   |                                  |  |
| 8. The mailing address for the limited liabi  | lity company is:  |                                  |  |
| One Realty Way, East Providence, Rho  | de Island 02914   |                                  |  |
| 9. Management of the Limited Liability Co   | mpany:  |                                  |  |
| The Limited Liability Company is to be ma   | naged 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   |                                  |  |
|   |   |                                  |  |
|   |   |                                  |  |
|   |   |                                  |  |
|   |   |                                  |  |
| 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 Certifica  | ite of Registration will be effective: CHECK ONE B  | OX ONLY                          |  |
| ✓ Date received (Upon filing)   |   |                                  |  |
| Later effective date (Date must be no   | more than 30 days from the date of filing)  |                                  |  |
|   | irm that I have examined this Application for Regist<br>tatements contained herein are true and correct.      | ration, including any            |  |
| Type or Print Name of LLC   | -   | Date                             |  |
| Barone Capital, LLC   |   | March 12, 2019                   |  |
| Signature of Authorized Person  | SIGN DOJUMENT HERE  |                                  |  |

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BARONE CAPITAL, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 22, 2016, and is in good standing in this state.

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Certified By: Paul Reyes Certificate Number: C20190319-1751 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 21, 2019.

Bollara K. Cegarste

Barbara K. Cegavske Secretary of State RI SOS Filing Number: 201989043330 Date: 3/21/2019 4:12:00 PM



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:

March 21, 2019 04:12 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

