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

Application for RegistrationFOREIGN 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

1. The name of the limited flability company is: WWRD US, LLC Is this company organized in its state or country of formation as a low-profit limited flability company? Yes No 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: Delaware 3. The date of its organization is: 01/15/2009 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 Rhode Island is: Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 C:ty/Town Warwick City/Town City/Town					
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City/Town State Zip Code					
C:ty/Town Warwick State RHODE ISLAND Zip Code 02888					
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Luxury home goods.					
·					
Check the box 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.scs ri.gov FILED

FORM 450 | Revised: 01/2019

	d the agent of the foreign limited liability company five resident agent cannot be found or served following			
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,		
1330 Campus Parkway, Wall, NJ 07753				
8. The mailing address for the limited liabi	lity company is:			
1330 Campus Parkway, Wall, NJ 07753				
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	te of Registration will be effective: CHECK ONE B	OX ONLY		
Date received (Upon filing)				
✓ Later effective date (Date must be no	more than 90 days from the date of filing) 06/01/2	019		
	rm that I have examined this Application for Regist tatements contained herein are true and correct.	ration, including any		
Type or Print Name of LLC	D US, LLC	Date 5/10/19		
Signature of Authorized Person	M			

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WWRD US, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WWRD US, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4645622 8300 SR# 20193768925 Authentication: 202805148

Date: 05-10-19