| State of Rhode Island and Providence Plantations  |                                |                             |  |
|---|--------------------------------|-----------------------------|--|
| Department of State - Business Services D   | ivision                        | 1 1                         |  |
| - 1971  |                                | دم                          |  |
| Application for Registration  |                                | CORPO<br>CORPO              |  |
| FOREIGN Limited Liability Company   |                                |                             |  |
| → Filing Fee: \$150.00  |                                |                             |  |
|   |                                |                             |  |
| Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for applies for a Certificate of Registration to transact business in th purpose submits the following statement: |                                |                             |  |
| 1. The name of the limited liability company is:  |                                | ហ្ <                        |  |
| worker prover - oreit   | ale LLC                        |                             |  |
| Is this company organized in its state or country of formation a  |                                | npany? Yes 🗌 No 📝           |  |
| The name, if different, under which it proposes to register and   |                                |                             |  |
|   |                                |                             |  |
|   |                                |                             |  |
| 2. The LLC is organized under the laws of:  |                                |                             |  |
| 3. The date of its organization is:   | 2011                           |                             |  |
| 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   | e Island is:                   | `                           |  |
| Agent Name  |                                |                             |  |
| C T Corporation System  |                                |                             |  |
| Street Address (NOT a P.O. Box)   |                                |                             |  |
| 450 Veterans Memorial Parkway, Suite 7A   |                                |                             |  |
| City/Town<br>East Providence  | State<br>RHODE ISLAND          | Zip Code<br>02914           |  |
| 5. The purpose or purposes which it proposes to pursue in the   | transaction of business in Rhc | de Island are:              |  |
| s no parpose of particular property of the  |                                |                             |  |
| SUS OF STARSAUCS  |                                |                             |  |
|   |                                |                             |  |
|   |                                |                             |  |
|   |                                |                             |  |
|   |                                |                             |  |
|   | Check the box                  | x to indicate an attachment |  |
|   |                                |                             |  |
| MAIL TO:  |                                | FILED                       |  |
| Division of Business Services<br>148 W. River Street, Providence, Rhode Island 02904-2615   |                                |                             |  |
| Phone: (401) 222-3040   |                                | MAY 1/3 2019                |  |
| Website: www.sos.ri.gov   | $\sim$                         | (SWSG)                      |  |
|   | BY.                            | 1:50                        |  |

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| 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. The mailing address for the limited liabi  |                            |         |  |  |
| 235 E. Main Street Hilford, MA 01757  |                            |         |  |  |
| 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                    |         |  |  |
| Stinds Lind   | 235 E. Main St. Hillord, M | 6 09138 |  |  |
|   |                            |         |  |  |
|   |                            |         |  |  |
|   |                            |         |  |  |
| 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: CHECK ONE BOX ONLY  |                            |         |  |  |
| Date received (Upon filing)   |                            |         |  |  |
| Later effective date (Date must be no more than 90 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   |                            | Date    |  |  |
| the useres and  | ciptesale us               | 5/7/19  |  |  |
| Signature of Authorized Person  |                            |         |  |  |
|   | CIER DOCUMENT HERE         |         |  |  |

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.



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOSTON BATTERY 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 NINTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOSTON BATTERY LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2011.

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



Authentication: 202797639 Date: 05-09-19

5056150 8300 SR# 20193729697 You may verify this certificate online at corp.delaware.gov/authver.shtml



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:

May 13, 2019 01:52 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

