



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:

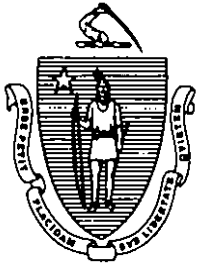
2019 MAY 21 PM 12:55
CORPORATION
STATE OF RHODE ISLAND

1. The name of the limited liability company is:		
Good - Vines LLC		
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: Massachusetts		
3. The date of its organization is: April 24, 2019		
And the period of its duration is: CHECK ONE BOX ONLY		
<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 Michael M. Goldberg, Esq.		
Street Address (NOT a P.O. Box) 536 Atwells Avenue, Suite 200		
City/Town Providence	State RHODE ISLAND	Zip Code 02909-1075
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Food Service Contractor		
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
MAY 21 2019
BY **PLBWP**
A.A. 12:55p.m.
FORM 450 - Revised: 01/2019

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: 142 Langley Road, Newton, Massachusetts 02459-2056	
8. The mailing address for the limited liability company is: 142 Langley Road, Newton, Massachusetts 02459-2056	
9. Management of the Limited Liability Company:	
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX	
<input checked="checked" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)	
<input type="checkbox"/> 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 Certificate of Registration will be effective: CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 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 Good - Vines LLC	Date 05/04/2019
Signature of Authorized Person <div style="text-align: center;">  SIGN DOCUMENT HERE </div>	



William Francis Galvin
Secretary of the
Commonwealth

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

April 25, 2019

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

GOOD - VINES LLC

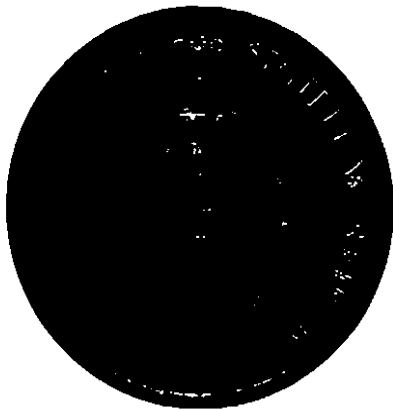
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **April 24, 2019.**

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: **NONE**

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

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ERAN GEFFEN**



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

2019 MAY 21 PM 12:55
OFFICE OF THE 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:

May 21, 2019 12:55 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

