RI SOS Filing Number: 201994004720 Date: 5/23/2019 9:52:00 AM



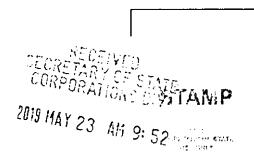
State of Rhode Island and Providence Plantations

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: 1. The name of the limited liability company is:

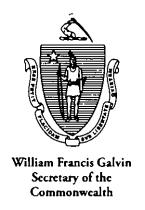
| Ostendorf Properties, LLC | | |
|--|-----------------------------------|-----------------------|
| Is this company organized in its state or country of formation a | as a low-profit limited liability | company? Yes No |
| The name, if different, under which it proposes to register and | transact business in Rhode I | sland is: |
| | | |
| 2. The LLC is organized under the laws of: Massachuset | ts | |
| 3. The date of its organization is: 3/8/2019 | | |
| 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 Rhod | e Island is: | |
| Agent Name James Ostendorf, Esq. | | |
| Street Address (NOT a P.O. Box) 55 Oak Hill Avenue | | |
| City/Town Pawtucket | State RHODE ISLAND | Zip Code 02860 |
| 5. The purpose or purposes which it proposes to pursue in the Brokering Real Estate Transactions/Real Estate Sales and | d Leases. | hode Island are: |

MAIL TO:

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

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

| | the agent of the foreign limited liability company for e 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 office of the principal office office of the principal office office office office off | maintained in the state or country of its organizatio the foreign limited liability company is: | n by the laws of that state or, | |
| 1629 Blue Hill Avenue, Boston, MA 0212 | 26 | | |
| 8. The mailing address for the limited liabil | ity company is: | | |
| 1629 Blue Hill Avenue, Boston, MA 0212 | 26 | | |
| 9. Management of the Limited Liability Cor | mpariy: | | |
| 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 | t below.) | |
| By one (1) or more managers (List ma | anagers below) | | |
| MANAGER | ADDRESS | | |
| James Osrendorf | 55 OAK HIII Avenue PANTUCKET RI O 2660 | | |
| | , | | |
| | | | |
| | | | |
| 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) | | |
| | irm that I have examined this Application for Registi tatements contained herein are true and correct. | ration, including any | |
| Type or Print Name of LLC | | Date | |
| Ostendorf Properties, LLC | | 5/22/2019 | |
| Signature of Authorized Person SIGN DECUMENT HERE | | | |



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

March 28, 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

OSTENDORF PROPERTIES, LLC

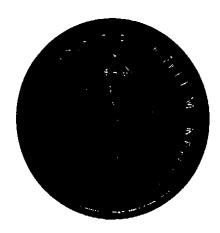
in accordance with the provisions of Massachusetts General Laws Chapter 156C on March 8, 2019.

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: **JAMES OSTENDORF**

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

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



Processed By:TAA

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Mein Ranin Galelin

RI SOS Filing Number: 201994004720 Date: 5/23/2019 9:52:00 AM



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 23, 2019 09:52 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

