RI SOS Filing Number: 201914400120 Date: 8/21/2019 11:24:00 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 <u>7-16-49</u>, 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 AUG 21 AM 11: 24	R.I. DEPT. OF STATE

1. The name of the limited liability company is:  BULLOMARQUE LLC  Is this company organized in its state or country of formation as a low-profit limited liability 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:  Massachuse++5  3. The date of its organization is:  U13119  And the period of its duration is: CHECK ONE BOX ONLY  Perpetual (on-going)  Date certain for dissolution  12/31/2090  4. The name and address of the resident agent/office in Rhode Island is:  Agent Name  Bruce Sawyer  Street Address (NOT a P.O. Box)  5.11 Mendon Rd  City/Town  Cumber land  State  RHODE ISLAND  Zip Code  02864  5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  Residential and Commercial construction	purpose submits the following statement:	,			
Is this company organized in its state or country of formation as a low-profit limited liability 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:  3. The date of its organization is:  4. Its perpetual (on-going)  Date certain for dissolution 12/31/2090  4. The name and address of the resident agent/office in Rhode Island is:  Agent Name  Struce Sawyer  Street Address (NOT a P.O. Box)  5. Ith Mendan Rd  City/Town  Cumber land  State  RHODE ISLAND  Zip Code  0.2864  5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	The name of the limited liability company is:				
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2. The LLC is organized under the laws of:  ### Massachuse++s  3. The date of its organization is:  ### O/13/19  And the period of its duration is: CHECK ONE BOX ONLY  ### Perpetual (on-going)  ### Date certain for dissolution 12/31/2090  4. The name and address of the resident agent/office in Rhode Island is:  Agent Name  ### Bruce Sawyer  Street Address (NOT a P.O. Box)  ### State RHODE ISLAND  ### City/Town  Cumber land  5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	Is this company organized in its state or country of formation as a low-	-profit limited liability compa	ny? Yes No		
3. The date of its organization is: \( \text{O/13/19} \)  And the period of its duration is: \( \text{CHECK ONE BOX ONLY} \)  Perpetual (on-going)  Date certain for dissolution \( \frac{12/31/2090}{2/31/2090} \)  4. The name and address of the resident agent/office in Rhode Island is:  Agent Name \( \text{BCUCE Sawye} \)  Street Address (NOT a P.O. Box) \( \frac{511}{511} \)  Mendon (2d)  City/Town \( \text{Cumbec land} \)  State \( \text{RHODE ISLAND} \)  Zip Code \( \text{O2864} \)  5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	The name, if different, under which it proposes to register and transac	t business in Rhode Island i	s:		
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3. The date of its organization is: \( \text{C/13/19} \)  And the period of its duration is: \( \text{CHECK ONE BOX ONLY} \)  Perpetual (on-going)  Date certain for dissolution \( \text{12/3/12090} \)  4. The name and address of the resident agent/office in Rhode Island is:  Agent Name \( \text{Bruce Sawyer} \)  Street Address (\( \text{NOT a P.O. Box} \) \( \text{511 Menden Rd} \)  City/Town \( \text{Cumber land} \)  State \( \text{RHODE ISLAND} \)  Zip Code \( \text{C2864} \)  5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	2. The LLC is organized under the laws of:	+5			
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5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	511 Mendon Rd				
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	City/Town State	Zip	Code		
	Cumber land RH		2864		
Residential and Commercial construction	5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
	Residential and Commercial construction				
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.sos.ri.gov **FILED** 

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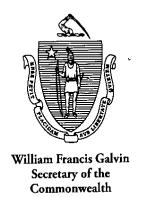
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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable 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: 232 Hesゅらっと には になって こうしゅうしょ こうしゅうしゅうしょ こうしゅうしゅう こうしゅうしゅう こうしゅうしょ こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅう こう こうしゅう こう こうしゅう こうしゅう こう こう こうしゅう こうしゅう こう こうしゅう こう こうしゅう こう				
8. The mailing address for the limited liabil	lity company is: 232 Hornbine Rd Rehoboth, MA 0270			
9. Management of the Limited Liability Cor	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 char	t below.)		
By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
Ronald R Boulay 50	232 Hornbine Rd Rehoboth, Ma 02769			
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		
BUILDMARQUE LLC		4/19/19		
Signature of Authorized Person  Ruell R Buly SIGN DOCUMENT HERE				



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

August 13, 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

### **BUILDMARQUE LLC**

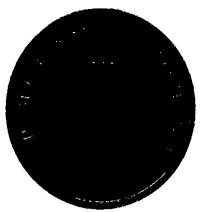
in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 13, 2019.

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; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; 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: RONALD ROBERT BOULAY JR.

The names of all persons authorized to act with respect to real property listed in the most recent filing are: RONALD ROBERT BOULAY JR.



Processed By:NGM

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villian Travin Galein

RI SOS Filing Number: 201914400120 Date: 8/21/2019 11:24:00 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:

August 21, 2019 11:24 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

