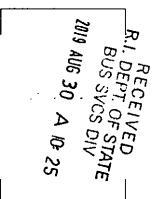


State of Rhode Island and Providence Plantations Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



No 🔽

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:

1. The name of the limited liability company is:

CMC Payroll Management Company LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes

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: 1/11/2019

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 Rhode Island is:

Agent Name Incorporating Services, Ltd.

Street Address (NOT a P.O. Box) 222 Jefferson Blvd,Suite 200

| City/Town Warwick | State RHODE ISLAND | Zip Code 02888 |
|---|----------------------------------|----------------|
| 5. The purpose or purposes which it proposes to pursue in the | e transaction of business in Rho | de Island are: |

payroll

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

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FORM 450 - Revised. 01/2019

| | d the agent of the foreign limited liability company for the resident agent cannot be found or served following the served following served following the | | | |
|---|---|---------|--|--|
| 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: | | | | |
| 280 Merrimack St, Methuen, MA 01844 | | | | |
| 8. The mailing address for the limited liability company is: | | | | |
| 280 Merimack St, Methuen, MA 01844 | | | | |
| 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 | | | |
| Mark Cafua | 280 Merrimack St, Methuen, MA 01844 | | | |
| Gregory Cafua | 280 Merrimack St, Methuen, MA 01844 | | | |
| David Cafua | 280 Merrimack St, Methuen, MA 01844 | | | |
| | | | | |
| 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 | | |
| CMC Payroll Management Company LLC | | 8/29/19 | | |
| Signature of Authorized Person | | | | |
| | \mathcal{O} | | | |



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CMC PAYROLL MANAGEMENT COMPANY 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 TWENTY-SECOND DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CMC PAYROLL MANAGEMENT COMPANY LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2019.

2019 AUG 30 A 10: 25



7233125 8300 SR# 20196667822 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203461636 Date: 08-22-19

Page 1



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:

August 30, 2019 10:25 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

