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2019 OCT 16 P 1:23



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

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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FOR
SECRETARY OF STATE
USE ONLY

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: | | |
| The Hermosa Group, 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: Connecticut | | |
| 3. The date of its organization is: May 22, 2017 | | |
| 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 Kyle Nelson | | |
| Street Address (NOT a P.O. Box) 71B High Street | | |
| City/Town Westerly | State RHODE ISLAND | Zip Code 02891 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: General residential and commercial contracting work | | |
| 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

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BY *[Signature]* **KWXUX**

FOR
SECRETARY OF STATE
USE ONLY

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:

75 South Road Groton, CT 06340

8. The mailing address for the limited liability company is:

**P.O. Box 438
Groton, CT 06340**

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 |
|---------|---------|
| | |
| | |
| | |
| | |

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

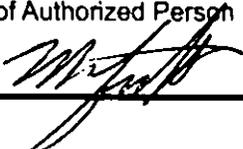
11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

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 The Hermosa Group | Date 10/14/2019 |
|---|---------------------------|

Signature of Authorized Person  SIGN DOCUMENT HERE

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

THE HERMOSA GROUP LLC

a domestic limited liability company, were filed in this office on May 22, 2017.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such
limited liability company is in existence.



Dennis W. Henth

Secretary of the State

Date Issued: October 15, 2019



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:

October 16, 2019 01:23 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

