



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV  
2019 NOV 15 AM 11:51

## 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:		
Square 1 Flooring Solutions 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: 11/7/2019		
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 Jason GORDON		
Street Address (NOT a P.O. Box) 57 MELROSE Ave		
City/Town JAMESTOWN	State RHODE ISLAND	Zip Code 02835
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Flooring Sales + Installation		
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

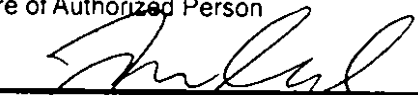
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FORM 450 - Revised 01/2019

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:	
8. The mailing address for the limited liability company is: <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">88 LAUREL LANE WOLCOTT CT 06716</div>	
9. Management of the Limited Liability Company:	
The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b>	
<input 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: <b>CHECK ONE BOX ONLY</b>	
<input 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 <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">Square 1 Flooring Solutions LLC</div>	Date <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">11-15-19</div>
Signature of Authorized Person <div style="font-family: cursive; font-size: 1.5em; margin-top: 10px;">  </div>	

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

SQUARE 1 FLOORING SOLUTIONS LLC

a domestic limited liability company, were filed in this office on November 07, 2019.

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.



\_\_\_\_\_  
Secretary of the State

Date Issued: November 12, 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:

November 15, 2019 11:51 AM

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*

