Filing Fee \$150.00

ID Number: _

113056



Revised 9/97

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

(To Be Filed in Duplicate)

Pursuant to the provisions of Chapter 7-16-49 of the General Laws, 1956, as amended, the undersigned 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:				
	S-NBK Woonsocket, LLC				
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:				
3.	The limited liability company is organized under the laws of <u>Delaware</u>				
4.	The date of its organization is May 10, 2000				
5.	5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual				
6.	The address of the limited liability company's resident agent in Rhode Island is				
	Providence , RI 02903 and the name of the resident agent at such address (City/Town) (Zip Code)				
	is C T CORPORATION SYSTEM .				
7.	The secretary 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.				
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:				
	CT Corporation System , Corporation Trust Center, 1209 Orange St, Wilmington, DE				
	19801				
9.	The mailing address for the limited liability company is: 411 Social Street, Woonsocket, RI				
	411 Social Street, Woonsocket, RI				
	(1) (1) (1) (1) (1) (1) (1) (1)				
For	nNo.LLC-11 (R.I LLC 3265 - 9/22/97)				

10.	The limited liability company is to be managed by:			
	(Check one box only)			
	☐ its members	or	☑ by one (1) or more managers	
11.	If the limited liability company has manage each manager.	rs at :	the time of filing this application, please list the name and address of	
	Manager		Address	
<u>M.</u>	Scott Kipp		c/o Cardinal Capital Partners, Inc., 8411 Preston Road, Dallas, TX 75225	
_		•		
_		•		
_		•		
_		•		
_		•		
12.			es of the limited liability company's articles of organization and all proper officer of the state or jurisdiction under the laws of which it is	
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration and that all statements contained herein are true and correct.	
			S-NBK Woonsocket, LLC	
			(Exact name of Limited Liability Company making application)	
			*By 15 Sales	
			Its Manager	

^{*}To be signed by a person with authority to do so under the laws of the state or other jurisdiction of its organization.

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "S-BNK WOONSOCKET, 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 TWELFTH DAY OF JUNE, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0490024

DATE:

06-12-00

3225769 8300

001295196