

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2028 MAY 26 AM 11:03

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:

purpose submits the following statement:	ne State of Knode Island, and	ior that	
The name of the limited liability company is:			
AT Northern Warwick, 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:			
The LLC is organized under the laws of: Delaware			
3. The date of its organization is: 05/15/2020			
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 Registered Agents Inc.			
Street Address (NOT a P.O. Box) 47 Wood Ave., Suite 2			
City/Town Barrington	State RHODE ISLAND	Zip Code 02806	
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
Transportation			
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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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 if not so required, of the principal office of 8 The Green, Ste. R Dover, DE 19901	e maintained in the state or country of its organization the foreign limited liability company is:	on by the laws of that state or,	
8. The mailing address for the limited liabil	lity company is:		
11 Park Pl., Fl. 3 New York, NY 10007			
9. Management of the Limited Liability Cor	mpany:		
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		
Michael Sirignano	11 Park Pl., Fl. 3, New York, NY 10007		
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	
AT Northern Warwick, LLC		5/19/2020	
Signature of Authorized Person	Makad Sugmm-		

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AT NORTHERN WARWICK, 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 NINETEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AT NORTHERN WARWICK, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

R.I. DEPT. OF STATE BUS SVCS DIV



Authentication: 202954928

Date: 05-19-20

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