Filing Fee: \$150.00

1D Number: 10665



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 Section 7-16-49 of the General Laws, I956, as amended, 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:

١,	The name of the limited liability company is:		
	BERSTEIN-MAGOON-GAY, LLC		
2.	The name, if different, under which it proposes to register as	nd transact business in Rhode	a Island is.
3.	The limited liability company is organized under the laws of	DELAWARE, USA	
4.	The date of its organization is JANUARY 9, 2004		
5.	The period of duration of the limited liability company is (if p	erpetual, so state) PERPET	UAL
6.	The address of the limited liability company's resident agen	t in Rhode Island is:	
	2 GALE COURT	NORTH PROVIDENCE	, RI 02906
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)
	and the name of the resident agent at such address is	SON MAGOON	
	and the harms of the resident agent at one contract to	(Name of Age	ent)
7.	The secretary of state is appointed the agent of the foreign there is no resident agent or if the resident agent canno diligence.	limited liability company for so t be found or served following .	arvice of process if at any time ng the exercise of reasonable
8.	The address of any office required to be maintained in the liability company is organized is:	state or other jurisdiction unde	er the laws of which the limited
	2 GALE COURT, NORTH PROVIDENCE, RI 02906		
9.	The mailing address for the limited liability company is:		
	42 LUKENS DRIVE, SUITE 100		
	NEW CASTLE, DE 19720	<u> </u>	
		FILED)

JUN 07 2004

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Form No. 450 Revised: 01/99

	(Check one box only)
it:	s members or by one (1) or more managers
 If the limited liability company each manager: 	y has managers at the time of filing this application, please list the name and address of
Manager	. <u>Address</u>
JOSEPH H BERSTEIN	801 YALE AVE., SWARTHMORE, PA 19081
JASON MAGOON	2 GALE COURT, NORTH PROVIDENCE, RI 02906
WILLIAM GAY	198 OAKLAND STREET, BRISTOL, CT 106010
12. This application is accompar authorized officer of the jurise	nied by a certificate of good standing duly authenticated by the secretary of state or oth diction under which the foreign limited liability company was organized. Under penalty of perjury, I declare and affirm that I have examined the Application for Registration, including any accompanying attachments, as that all statements contained herein are true and correct.

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BERSTEIN-MAGOON-GAY, 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 THIRTEENTH DAY OF APRIL, A.D. 2004.

Darriet Smith Windson Secretary of State

Harriet Smith Windsor, Secretary of State **AUTHENTICATION**: 3049790

DATE: 04-13-04

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