



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

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

2020 JUL 21 PM 12:56

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: | | |
| LIME MAIDS 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: Vermont | | |
| 3. The date of its organization is: April 07, 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 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: To provide local cleaning service referrals to Rhode Island residents and property owners. | | |
| 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

FILED

JUL 21 2020

KL K7NYV
12:56

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:
70 South Winooski Ave, Ste 161, Burlington, VT, 05401, USA

8. The mailing address for the limited liability company is:
70 South Winooski Ave, Ste 161, Burlington, VT, 05401, USA

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 LIME MAIDS LLC | Date July 16, 2020 |
|---|-----------------------|

Signature of Authorized Person
Jasper Flour

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

2020 JUL 21 PM 12:56

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

LIME MAIDS LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Apr 07, 2017.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

July 16, 2020

Given under my hand and seal of office, at Montpelier, the State Capital.

James C. Condos

James C. Condos
Vermont Secretary of State



Business ID: 0329474
Certificate Number: 2013738768001



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:

July 21, 2020 12:56 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

