

## **Application for Registration**

**FOREIGN Limited Liability Company** 

→ Filing Fee. \$150.00

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:

2020	R.1.5
AUG	DEPT DEPT NECE

purpose submits the following statement:		S-in			
1. The name of the limited liability company is.		* CS.HE			
NARRAGANSETT BAY PARTNERS LLC		DIV L			
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. 7/27/2020					
And the period of its duration is: CHECK ONE BOX ONLY					
X Perpetual (on-going)					
Date certain for dissolution					
4. The name and address of the resident agent/office in Rhode Island is:					
Agent Name PETER HURWITZ					
Street Address (NOT a P.O. Box) 110 CROSSWYNDS DRIVE,					
City/Town SAUNDERSTOWN	State RHODE ISLAND	Zip Code 02874			
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are					
OWN AND MANAGE REAL ESTATE AND ALL OTHER PERMISSIBLE BUSINESS PURPOSES.					
		'			
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

AUG 1 4 2020

BY CSKNS

FORM 450 - Revised 11/2019

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:				
110 CROSSWYNDS DRIVE, SAUNDERSTOWN, RI 02874				
8. The mailing address for the limited liability company is.				
110 CROSSWYNDS DRIVE, SAUNDERSTOWN, RI 02874				
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			
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				
X 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		
NARRAGANSETT BAY PARTNERS LLC		8/12/ 2020		
Signature of Authorized Person				

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NARRAGANSETT BAY PARTNERS 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 TENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NARRAGANSETT BAY

PARTNERS LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D.

2020.

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

AHYS O

3326132 8300

SR# 20206656984

Authentication: 203437513

Date: 08-10-20