RI SOS Filing Number: 202050488180 Date: 8/27/2020 4:08:00 PM



### **Department of State - Business Services Division**

## 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 AUG 27	R.I. DEPT. OF BUS:SVCS
PM 4: 08	IVED OF STATE CS DIV

The name of the limited liability company is:	<del></del>			
EAST SIDE PLASTERING	LLC			
Is this company organized in its state or country of formation		mpany? Yes 🔲 No 🗹		
The name, if different, under which it proposes to register and	transact business in Rhode Isla	and is:		
2. The LLC is organized under the laws of:				
3. The date of its organization is:	1-29-14			
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 Rhode Is land Builders	Association Inc	•		
Street Address (NOT a P.O. Box) 450 Veterans memorial PKWY 1	Ste 301			
City/Town	State	Zip Code		
Ent Providence	RHODE ISLAND	02914		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Plasteries + Remodeling				
1 modeling				
Check the box to indicate an attachment				

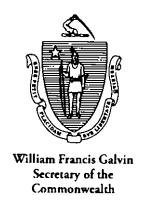
MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 27 2020

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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 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:				
8. The mailing address for the limited liabil	8. The mailing address for the limited liability company is:			
68 f3math 2+ partitions me com 02703				
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			
	A			
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		
Eastside Plastering LLC		8/24/20		
Signature of Authorized Person				
Lesson Cab				



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

#### August 27, 2020

#### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

#### EASTSIDE PLASTERING LLC

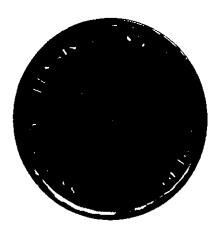
in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 29, 2014.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: STEPHEN ROLLINS, ROBERT COTE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: STEPHEN ROLLINS, ROBERT COTE



Processed By:NGM

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

RI SOS Filing Number: 202050488180 Date: 8/27/2020 4:08:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

August 27, 2020 04:08 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

