RI SOS Filing Number: 202080920870 Date: 12/21/2020 10:15:00 AM

State of Rhode Island and Providence Plantations Department of State - Business Services	Division	Γ	2020	<u> </u>		
Application for Registration FOREIGN Limited Liability Company			2020 DEC 2 I	REPT. (BUS SVE BUS SVE		
→ Filing Fee: \$150.00			2	SERVE SERVE		
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for a Certificate of Registration to transact business in purpose submits the following statement:	preign limited liability company the State of Rhode Island, and	hereby I for that	AH 10: 15	STATE		
The name of the limited liability company is:						
Brookside Declarant, 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:						
				- , , <u>, , , , , , , , , , , , , , , , ,</u>		
2. The LLC is organized under the laws of: Massachuset	its			··		
3. The date of its organization is: December 14, 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 Rhod	e Island is:					
Agent Name CT Corporation System	·	_				
Street Address (NOT a P.O. Box) 450 Veterans Memorial Pa	rkway - Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code	02914			
5. The purpose or purposes which it proposes to pursue in the	transaction of business in Rh	ode Island a	re:			
Real estate development, acquisition, operation and ownership and all other lawful purposes permitted.						
	Check the bo	··· to Indiants	**b			

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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The RI Department of State I any time, there is no resident addition.	s appointed the agent of the gent or if the resident agent	foreign limited liability compa cannot be found or served fol	any for service of process if, at illowing the exercise of reasonable
7. The address of the office req if not so required, of the princip	ulred to be maintained in the all office of the foreign limiter	state or country of its organi I liability company is:	ization by the laws of that state or,
1264 Main Street, Waltham, M			
8. The mailing address for the li	mited fiability company is:		
1264 Main Street, Weltham, M	essachusetts 02451		
9. Management of the Limited L	iability Company:		
The Limited Liability Company is		K ONLY ONE BOX	
By its members (if you have			chart below.)
By one (1) or more manage		•	•
MANAGER	ADDRESS		
			
	1		
			
10. This application must be according to dated within 60 days of	ompanied by a <u>Certificate or</u> of the date of filing.	Good Standing/Letter of Sta	itus from the state or country of
11. Date when this application fo	or Certificate of Registration	will be effective: CHECK ON	E BOX ONLY
✓ Date received (Upon filing)			
Later effective date (Date m	iust be no more than 30 day	s from the date of filing)	
Under penally of perjury, I declar accompanying attachments, and			
Type or Print Name of LLC			Date
Brookside Declarant, LLC	•		12/21/2020
Signature of Authorized Person	10/1/11		
	MECT		



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

December 16, 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

BROOKSIDE DECLARANT, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on December 14, 2020.

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: BT OWNER, LLC, BT2 OWNER, LLC

The names of all persons authorized to act with respect to real property listed in the most recent filing are: BT OWNER, LLC, BT2 OWNER, LLC

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villian Travin Galicin



Processed By:IL

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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:

December 21, 2020 10:15 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

