



State of Rhode Island

**Department of State - Business Services Division**

**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:

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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|                                                                                                                                                                               |                    |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|
| 1. The name of the limited liability company is:                                                                                                                              |                    |                |
| Rhode Island AG Technologies, 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: Delaware                                                                                                                           |                    |                |
| 3. The date of its organization is: January 6, 2020                                                                                                                           |                    |                |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</b>                                                                                                                  |                    |                |
| <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 Adler Pollock & Sheehan P.C.                                                                                                                                       |                    |                |
| Street Address ( <u>NOT</u> a P.O. Box) 1 Citizens Plaza, 8th Floor                                                                                                           |                    |                |
| City/Town Providence                                                                                                                                                          | State RHODE ISLAND | Zip Code 02903 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:<br>Controlled Environmental Agriculture and Related Technologies   |                    |                |
| 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

12:21

**FILED**  
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BY HBMD5

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:

141 Fairgrounds Road, West Kingston, RI 02892

8. The mailing address for the limited liability company is:

c/o Michael Hallock, 141 Fairgrounds Road, West Kingston, RI 02892

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                                       |
|------------------|-----------------------------------------------|
| Michael Hallock  | 141 Fairgrounds Road, West Kingston, RI 02892 |
| Marguerite Piret | 162 Washington Street, Belmont, MA 02478      |
|                  |                                               |
|                  |                                               |

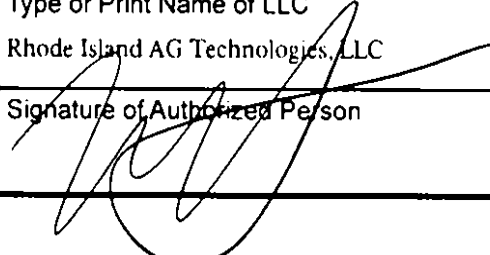
10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

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<br>Rhode Island AG Technologies, LLC                                                        | Date<br>2/3/21 |
| Signature of Authorized Person<br> |                |

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RHODE ISLAND AG TECHNOLOGIES, 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RHODE ISLAND AG TECHNOLOGIES, LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2020.

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



7785508 8300

SR# 20210221689

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202366807

Date: 01-26-21



State of Rhode Island

**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,  
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:

February 03, 2021 12:21 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

