State of Rhode Island Department of State - Business Services Division

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provisions of RIGL Title <u>7</u>, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number:	2. The full name of the entity filing this application is:				
000798242	Waterford Hotel Group, Inc.				
3. The applicant is a duly qualified	foreign: (CHECK ONE BO		····		
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)					
Limited Liability Company		Corporation Non-Profit Corporation			
Limited Partnership					
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)					
Limited Liability Company (RIGL 7-16-52.1) Business Corporation (RIGL 7-1.2-1411.1)					
Non-Profit Corporation (RIGL <u>7-6-80.1</u>) Limited Partnership (RIGL <u>7-13-52.1</u>)					
Limited Liability Partnership (RIGL <u>Title 7</u> , as applicable)					
5. The date the applicant qualified to conduct business in 6. The jurisdiction upon transfer of authority is:					
Rhode Island is: April 11, 2013		Delaware		••	
7. The name of the entity following the transfer of authority is:					
Waterford Hotel Group, LLC					
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY					
Application for registration for a Limited Liability Company					
Application for certificate of authority for a Business Corporation					
Application for certificate of authority for a Non-Profit Corporation					
Certificate of registration for a Limited Partnership					
Notice of registration for a registered Limited Liability Partnership					
8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good					
Standing/Legal Existence from the current jurisdiction of the entity.					
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.rj.gov

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TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY Under penalty of perjury, I/we declare and affirm that I/we have examined this /	Application for Transfor of Authority instant
ing any accompanying attachments, and that all statements contained this is authorized to sign this certificato on behalf of the entity set forth above.	are true and correct and that the undersigned
Type or Print Name of Limited Liability Company	
	•
Signature of Authorized Person	Date
· · · ·	()
Signature of Authorized Person	Date da.
1	te den 19 Anena
Type or Print Name of Corporation	and the second
Waterford Hotel Group, Inc.	
Signature of Authorized Person	Date
Len Wolman	February 2 , 2021
Signature of Authorized Person	Date
	······································
Type or Print Name of Partnership	
Signature of Partner	Date
	· •
Signature of Partner	Date
Signature of Partner	Date
Type or Print Name of Other Entity	
	an a
Signature of Authorized Person	Date
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Signature of Authorized Person	Date
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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.rl.gov.

FORM 612- Revised: 09/2020

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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 26, 2021 12:13 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

