State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: $150.00

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RI DEPT OF STATE
BUS. SERVICES DIV.
STAMP

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:

1. The name of the limited liability company is:

Guevara Home Improvement 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:

2. The LLC is organized under the laws of: CT

3. The date of its organization is: 09/08/2017

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 RI Builders Association Rhode Island Builders Association, Inc.

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite #301

City/Town	State	Zip Code
E. Providence	RHODE ISLAND	02914

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

All legal purposes and home / construction and improvements

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

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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:
1135 Chapel Street, Stratford, CT 06614

8. The mailing address for the limited liability company is:
1135 Chapel Street, Stratford, CT 06614

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

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**

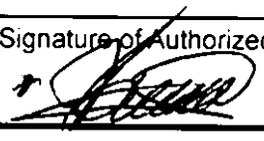
☑ Date received (Upon filing)

☐ 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	Date
Guevara Home Improvement LLC	02/24/2021

Signature of Authorized Person



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.ri.gov.

Office of the Secretary of the State of Connecticut

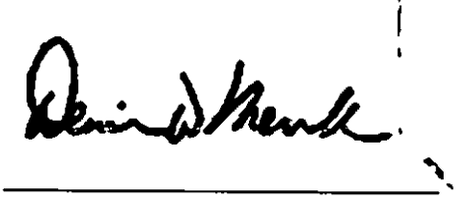
I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

GUEVARA HOME IMPROVEMENT LLC

a domestic limited liability company, were filed in this office on September 08, 2017. The following is a list of all documents filed in this office:

Filing Type:	File Date/Time:	Effective Date/Time:
CERTIFICATE OF ORGANIZATION	September 08, 2017 11:36 AM	September 08, 2017 11:36 AM
REPORT (2018)	January 21, 2020 10:26 AM	
REPORT (2019)	January 21, 2020 10:28 AM	
REPORT (2020)	January 21, 2020 10:30 AM	

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.



Secretary of the State

Date Issued: February 23, 2021

Business ID: 1249321 Longform Certificate Number: 2021129655001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov

GUEVHOM-01 BEGEL1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Nathan Butwin Company, Inc.
60 Cutter Mill Rd. Ste. 414
Great Neck, NY 11021

CONTACT NAME: Ellen Goldman (egoldman@butwin.com)
PHONE (A/C, No, Ext): (516) 466-4200 FAX (A/C, No): (516) 466-4213
E-MAIL ADDRESS: info@butwin.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Utica First Insurance Co.	15326
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Guevara Home Improvement LLC
1135 Chapel Street
Stratford, CT 06614

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR			ART507272705	7/9/2020	7/9/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N / N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

R.I.C.R.L.B
560 Jefferson Blvd
Warwick, RI 02886

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Contractors Registration & Licensing Board
560 Jefferson Blvd., Suite #100
Warwick, RI 02886
401.921.1590
www.crb.ri.gov

POWER OF ATTORNEY APPOINTING AGENT OF SERVICE

No Registration shall be issued to a non-resident contractor until he or she has filed with the Board a Power of Attorney constituting and appointing a registered agent **(an attorney whose office is located within the boundaries of the State of RI or a registered agent listed with the RI Secretary of State office)** upon whom all processes in any action or legal proceeding against him or her may be served, and in the power of attorney agrees that any lawful process against him or her which may be served upon his or her registered agent is of the same force and validity as if served on the non-resident contractor, and that the force continues irrevocably in force until such time as the Board has been duly notified in writing of any change.

Please Print

Registration/License No. _____ (only if renewing)

Company Name Guevara Home Improvement LLC

Print first & last name (contractor) Jose Guevara

(Signature of Contractor)

Agent of Service

Rhode Island Builders Association (please use this name)
450 Veterans Memorial Parkway
Suite #300
East Providence, RI 02914
401.438-7400
rbarlow@ribuilders.org

Date: February 25, 2021

SIGNATURE OF REGISTERED AGENT OF SERVICE

Rhode Island Builders Association
450 Veterans Memorial Pkwy. #301
East Providence, RI 02914-5380
401.438.7400 www.ribuilders.org

Thank you for choosing the Rhode Island Builders Association as your Registered Agent in Rhode Island. Sole proprietors and businesses, which are not located in RI, are required under state law to obtain a registered agent before obtaining their contractor's registration. A registered agent provides a business and physical address in RI to accept legal documents and official state communications from the RI Secretary of State on your behalf. If these documents are received, we then forward them to you according to your specific delivery requirements, which is usually by email and then by regular mail.

It is your responsibility to notify your registered agent of any changes to your business address, telephone number(s), e-mail address and other contact information. As long as the Rhode Island Builders Association always knows your present location and how to contact you, we will notify you within 48 business hours after receipt of any legal process in which your business entity has been named a party. The pertinent documents will be forwarded to you by U.S. Mail at the address you have provided. If you have provided a fax number or an email address, the documents will be faxed or emailed to you within the stated time period.

The Rhode Island Builders Association reserves the right to sever this agreement, for any reason, after giving you 30 days' notice. You will be billed $200.00 biennially (every two years) 60 days prior to your RI Contractors' Registration expiration date. Failure to pay before the renewal date will result in the notification to the RI Contractors' Registration and Licensing Board that Rhode Island Builders Association is no longer acting as your registered agent.

You may sever the agreement with the Rhode Island Builders Association by contacting us in writing. Upon receiving your notification, the Rhode Island Builders Association will notify the RI Contractors' Registration and Licensing Board that Rhode Island Builders Association is no longer acting as your registered agent.

No refunds will be issued.

Please Print Clearly

Date 2/25/21 **Company Name** Guevara Home Improvement LLC

Full Name and Position /Title of Responsible Person:

Jose Guevara / Member

Address for U.S. Mail: 1135 Chapel Street, Stratford, CT 06614

Email address: jose_guevara63@icloud.com

Phone# 1 (203) 650-8665 **#2**

Fax#

Signature:

RI SOS Filing Number: 202193558120 Date: 3/3/2021 3:14:00 PM

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:

March 03, 2021 03:14 PM

Nellie M. Gorbea
Secretary of State