RI SOS Filing Number: 202194624040 Date: 3/16/2021 12:23:00 PM



Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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FOR RECRETARY OF STATE U.S.ONUY

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned fo applies for a Certificate of Registration to transact business in to purpose submits the following statement:		•	
The name of the limited liability company is:			
Chubby Hospitality LLC			
Is this company organized in its state or country of formation a	as a low-profit limited liability co	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: The Commonwe	ealth of Massachusetts		
3. The date of its organization is: Manual → 12021	3 16,2020		
And the period of its duration is: CHECK ONE BOX ONLY			
Perpetual (on-going)			
Date certain for dissolution		<u> </u>	
4. The name and address of the resident agent/office in Rhod	e Island is:		
Agent Name Nicholas Obolensky			
Street Address (NOT a P.O. Box) 128 Dorrance St., 6th Floor			
City/Town Providence	State RHODE ISLAND	Zip Code 02903	
5. The purpose or purposes which it proposes to pursue in the Engage in the investment, ownership, management and operation of owning, leasing, operating, financing, refinancing, disposing of and to engage in all other activities directly or inirectly related or incided which a foregin limited liability company is permitted under Rhode	freal estate, bars, and cafes and also otherwise dealing with interest in r ntal thereto as well as to engage in	o including buying, acquiring, estaurants and in real estate and	
	Check the box	to indicate an attachment 🔲	

MAIL TO:

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

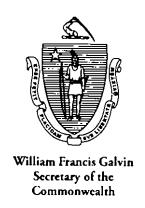
Phone: (401) 222-3040 Website: www.sos.ri.gov FILED CETAMP

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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 if not so required, of the principal office of	maintained in the state or country of its organizatio the foreign limited liability company is:	n by the laws of that state or,	
20 College Ave. Somerville, MA 02144			
8. The mailing address for the limited liability company is:			
20 College Ave, Somerville, MA 02144			
9. Management of the Limited Liability Co.	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		
Charles J. Sillari Jr.	20 College Ave., Somerville, MA 02144		
Sebastiano Fricia	20 College Ave., Somerville, MA 02144		
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)			
	m that I have examined this Application for Registr latements contained herein are true and correct.	ation, including any	
Type or Print Name of LLC		Date	
Chubby Hospitality, LLC		3/12/21	
Signature of Authorized Person			
//			



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

March 15, 2021

TO WHOM IT MAY CONCERN:

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

CHUBBY HOSPITALITY LLC

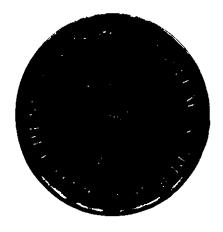
in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 16, 2020.

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: CHARLES J SILLARI JR, SEBASTIANO FRICIA

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: CHARLES J SILLARI JR, SEBASTIANO FRICIA

The names of all persons authorized to act with respect to real property listed in the most recent filing are: SEBASTIANO FRICIA, CHARLES J SILLARI



In testimony of which,

I have hereunto affixed the

Great Scal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villian Travino Galicin

Processed By:TAA

RI SOS Filing Number: 202194624040 Date: 3/16/2021 12:23:00 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:

March 16, 2021 12:23 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

