



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

# Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

2021 APR -1 PM 2:56

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:		
MAXIM Irrigation Group 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:		
CONNECTICUT		
3. The date of its organization is:		
JUNE 5, 2014		
And the period of its duration is: CHECK ONE BOX ONLY		
<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		
Patrick Lynch C/O Wireless Zone		
Street Address (NOT a P.O. Box)		
224 Post Rd,		
City/Town	State	Zip Code
Westerly, RI	RHODE ISLAND	02891
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Irrigation & Pumping Services		
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

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APR 01 2021

BY *[Signature]* V91VD

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:  
 426 Boston Post Road  
 Waterford, CT 06385

8. The mailing address for the limited liability company is:  
 426 Boston Post Road  
 Waterford CT 06385

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.

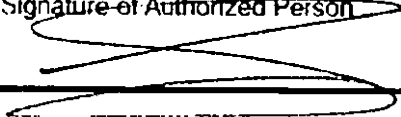
11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ 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 Maxim Irrigation Group LLC	Date 4/1/21
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Signature of Authorized Person  
 by Scott Gledhill

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

MAXUM IRRIGATION GROUP, LLC

a domestic limited liability company, were filed in this office on June 05, 2014.

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.



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Secretary of the State

Date Issued: March 22, 2021

Business ID: 1145043

Express

Certificate Number: 2021190794001

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



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:

April 01, 2021 02:56 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*

