



State of Rhode Island

## Department of State - Business Services Division

## Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
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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:

Turncoat Cidery 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:

Delaware

3. The date of its organization is:

6/30/2021

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

Corporation Service Company

Street Address (NOT a P.O. Box)

222 Jefferson Boulevard, Suite 200

City/Town

Warwick

State

RHODE ISLAND

Zip Code

02888

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

Producing, bottling and wholesale distribution of hard apple cider.

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:

Fox Hill Farm, 994 Ft Getty Road, Jamestown, RI 02835

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

Fox Hill Farm, 994 Ft Getty Road, Jamestown, RI 02835

**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
Jeffrey Boal	Fox Hill Farm, 994 Ft Getty Road, Jamestown, RI 02835

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.*

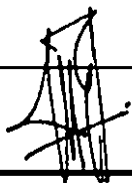
Type or Print Name of LLC

Turncoat Cidery LLC

Date

7/1/2021

Signature of Authorized Person



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TURNCOAT CIDERY 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 FIRST DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TURNCOAT CIDERY LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2021.

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



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SR# 20212612603

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203587331

Date: 07-01-21



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:

July 02, 2021 12:35 PM

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

Nellie M. Gorbea

*Secretary of State*

