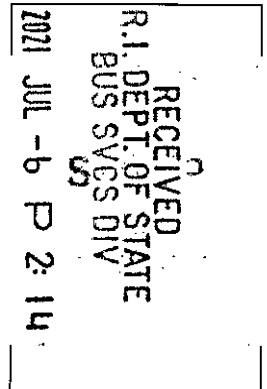




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Registration
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



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:		
AMERICAN BUILDING WRECKERS, 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: Connecticut		
3. The date of its organization is: 01/02/2013		
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 Registered Agents Inc		
Street Address (NOT a P.O. Box) 47 Wood Ave Suite 2		
City/Town	State	Zip Code
Barrington	RHODE ISLAND	02806
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Asbestos and lead Abatement and Demolition		
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

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BY JBAGJQ

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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: 47 Wood Ave Suite 2 Barrington RI 02806•	
8. The mailing address for the limited liability company is: 47 Wood Ave Suite 2 Barrington RI 02806• •	
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 <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) _____	
<i>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.</i>	
Type or Print Name of LLC AMERICAN BUILDING WRECKERS, LLC•	Date 06/28/2021
Signature of Authorized Person Riley Park	

Secretary of the State of Connecticut

Certificate of Legal Existence

Standard Certificate

Date Issued: June 28, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

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

Business Details

Business Name	AMERICAN BUILDING WRECKERS, LLC
Business ALEI	US-CT.BER:1092597
Formation Date	01/02/2013



Secretary of the State

Business ALEI: US-CT.BER:1092597

Certificate Number: C-00000884

Note: To verify this certificate, visit <http://www.business.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:

July 06, 2021 02:14 PM

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

Nellie M. Gorbea
Secretary of State

