



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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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:		
PVE, 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: Pennsylvania		
3. The date of its organization is: 09/03/2008		
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 Barrington	State RHODE ISLAND	Zip Code 02806
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: to provide professional engineering services. Certificate of Authorization from the RI Department of Business Regulation, Board of Design Professionals is attached to this filing.		
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:

2000 Georgetown Dr, Suite 101, Sewickley, PA 15143

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

2000 Georgetown Dr, Suite 101, Sewickley, PA 15143

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
James Venture	2000 Georgetown Dr, Suite 101, Sewickley, PA 15143
Christopher Brown	25 West 39th Street, 12th Floor, New York, NY 10018
Victor Mirontschuk	25 West 39th Street, 12th Floor, New York, NY 10018

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**

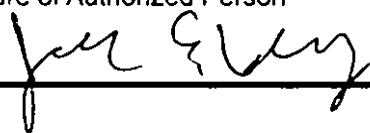
☒ Date received (Upon filing)

☐ 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
PVE, LLC	9/2/2021

Signature of Authorized Person



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/12/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PVE, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Veronica W. Despres".

Acting Secretary of the Commonwealth

Certification Number: TSC210712090311-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



State of Rhode Island
Board of Registration for Professional Engineers



BE IT KNOWN THAT

PVE, LLC

*having given satisfactory evidence of having the
qualifications required by law is hereby authorized to practice*

**Engineering as a
Limited Liability Company
Structural**

IN THE STATE OF RHODE ISLAND

Certificate of Authorization No.: 9099

Issued: 08/26/2021

Expires: 06/30/2022

Patricia H. Walker

Chairperson

Patricia D. Stearns

Secretary