State of Rhode Island
Department of State - Business Services Division

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2021 NOV 24 PM 3:01

2021 SEP 14 AM 9:15

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: $150.00

Pursuant to the provisions of RIGL 7-16-43, 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:

Lanco Pole Buildings, 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: Commonwealth of Pennsylvania

3. The date of its organization is: 03/14/2016

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 Avenue, 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:

Any lawful purposes, specifically the sales, construction and erection of Pole Buildings.

Check the box to indicate an attachment ☐

3:01

FILED

NOV 24 2021

BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 450 Revised: 08/2021

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.

52A Old Leacock Road, Ronks, PA 17572

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

52A Old Leacock Road, Ronks, PA 17572

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, **DO NOT** fill out the chart below)

☑ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
Samuel B. Stoltzfus	52A Old Leacock Road, Ronks, PA 17572

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
Lanco Pole Buildings, LLC	08/26/2021

Signature of Authorized Person

Samuel B Stoltzfus

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/05/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Lanco Pole Buildings, 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

Veronica W. Degraffenreid

Acting Secretary of the Commonwealth

Certification Number: TSC210805162173-1

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

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:

November 24, 2021 03:01 PM

Nellie M. Gorbea
Secretary of State