

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 NOV 29 PM 3:09  
STAMP



**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:  
**WORCESTER SERVICES, 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: **MASSACHUSETTS**

3. The date of its organization is: **SEPTEMBER 18, 2020**

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: **MICHELLE NGILA**

Street Address (NOT a P.O. Box): **105 BEECHWOOD AVENUE**

City/Town: <b>PAWTUCKET</b>	State: <b>RHODE ISLAND</b>	Zip Code: <b>02860</b>
-----------------------------	----------------------------	------------------------

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  
**PURCHASE AND FINANCE REAL ESTATE**

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

3:09  
FILED  
NOV 29 2021  
BY **M B D Y F**  
FORM 400 - Revised 08/03/21

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:

16 DEAN STREET, SOUTHBRIDGE MA 01550

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

119 FOREST STREET, WORCESTER MA 01609

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
MICHELLE NGILA	119 FOREST STREET, WORCESTER MA 01609

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
WORCESTER SERVICES, LLC	11/29/2021
Signature of Authorized Person	
	

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.



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

October 18, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**WORCESTER SERVICES, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **September 18, 2020**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:  
**MICHELLE NGILA**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MICHELLE NGILA**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **MICHELLE NGILA**



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*  
Secretary of the Commonwealth



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 29, 2021 03:09 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

