



**State of Rhode Island
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: 527 North, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

☐ Check if this company is organized in its state or country of formation as a low-profit limited liability company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: VT Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

ARTICLE IV

The date of its organization is: 12/7/2020

ARTICLE V

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 55 PINE STREET, 5TH FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02903

Name: MICHAEL MARINO, ESQ.

Article VII

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

REAL ESTATE HOLDINGS

ARTICLE VIII

The Rhode Island 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.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 55 PINE STREET, 5TH FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 163 WASHINGTON STREET

City or Town: AUBURN

State: MA Zip: 01501 Country: USA

ARTICLE XI

The limited liability company is to be managed by its ___ Members or X Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	PATRICK J. LUNDGREN	163 WASHINGTON STREET AUBURN, MA 01501 USA
MANAGER	BARRY R. LUNDGREN	163 WASHINGTON STREET AUBURN, MA 01501 USA
MANAGER	ANDREW FARHOUMAND	

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 30 Day of March, 2023 at 1:10:51 PM by the Authorized Person.

BARRY R. LUNDGREN

Form No. 450
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Sarah Copeland Hanzas, Vermont Secretary of State, do hereby certify that according to the records of this office

527 NORTH, LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Dec 07, 2020.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

March 30, 2023

Given under my hand and seal of office, at Montpelier, the State Capital.



A handwritten signature in black ink, appearing to read "Sarah Copeland Hanzas".

Sarah Copeland Hanzas
Vermont Secretary of State

Business ID: 0380932
Certificate Number: 2014099186001



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

March 30, 2023 01:10 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

