



State of Rhode Island
Department of State - Business Services Division



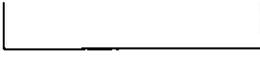
Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY 17 P 1:33

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:

Pennrose Holdings, 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: **August 18, 2017**

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 **CT Corporation System**

Street Address (NOT a P.O. Box) **450 Veterans Memorial Parkway, Suite 7A**

City/Town **East Providence**

State **RHODE ISLAND**

Zip Code **02914**

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

Real estate investment and development.

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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BY ML JBATC

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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:

230 Wyoming Avenue, Kingston, PA 18704

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

230 Wyoming Avenue, Kingston, PA 18704

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
Mark H. Dambly	230 Wyoming Ave., Kingston, PA 18704

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 Pennrose Holdings, LLC	Date May 12, 2023
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Signature of Authorized Person


Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Pennrose Holdings, LLC
Request Type: Subsistence Certificate **Issuance Date:** May 17, 2023
Request No.: 015382833 **File No.:** 0006594929
Receipt No.: 000522121
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: August 18, 2017
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Pennrose Holdings, LLC

is currently subsisting on the records of the Department of State as of the issuance 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 my office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

Albert Schmidt

Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov



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:

May 17, 2023 01:33 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

