



**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: Lakshmi Distributors, 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.*

**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: AL 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: 3/2/2015

**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: 222 JEFFERSON BLVD.

City or Town: WARWICK

State: RI

Zip: 02888

Name: PARASEARCH, INC.

**Article VII**

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

ALL PURPOSES WHICH LIMITED LIABILITY COMPANIES MAY PURSUE UNDER THE LAWS OF THE STATE OF RHODE ISLAND, INCLUDING BUT NOT LIMITED TO DISTRIBUTING GOODS AND PRODUCTS TO CONVENIENCE STORES LOCATED IN THE STATE OF RHODE ISLAND.

#### 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: 3100 UNIVERSITY DRIVE NW

City or Town: HUNTSVILLE

State: AL Zip: 35816 Country: USA

#### ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 6210 MASTIN LAKE RD NW

City or Town: HUNTSVILLE

State: AL Zip: 35810 Country: USA

#### ARTICLE XI

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

**\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS (Individuals hired by the members with no ownership interest).**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	SANDIPKUMAR PATEL	6210 MASTIN LAKE RD NW HUNTSVILLE, AL 35810 USA

*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 26 Day of July, 2023 at 7:13:12 PM by the Authorized Person.**

SANDIPKUMAR PATEL

Form No. 450  
Revised 09/07

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Wes Allen  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Lakshmi Distributors, LLC was formed in Madison County on March 2, 2015. The Alabama Entity Identification number for this entity is 000-330-216. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

07/24/2023

**Date**

**Wes Allen**

**Secretary of State**



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:

July 26, 2023 07:10 PM

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

Gregg M. Amore  
*Secretary of State*

