

## State of Rhode Island Department of State - Business Services Division

### **Application for Registration**

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for applies for a Certificate of Registration to transact business in topurpose submits the following statement:	preign limited liability company the State of Rhode Island, and	for that	
The name of the limited liability company is:			
New Vision Enterprise LLC			
Is this company organized in its state or country of formation a	as a fow-profit limited liability c	ompany? Yes 🔲 No 📝	
The name, if different, under which it proposes to register and	I transact business in Rhode Is	sland is:	
2. The LLC is organized under the laws of:			
3. The date of its organization is: 6/27/2020			
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 Rhod	e Island is:		
Agent Name Rhode Island Builders Association Inc			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Pkwy			
City/Town E Providence	State RHODE ISLAND	Zip Code 02914	
5. The purpose or purposes which it proposes to pursue in the	transaction of business in Rh	ode Island are:	
Construction Management Commercial/Residential			
Lead Abatement			
Construction work including - Windows/Deck/Vinyl s	Siding		
Replacements and repairs			
	Check the bo	ox 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 **FILED** 

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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:				
188 Court Street, Brockton MA 023	02			
8. The mailing address for the limited liability company is:				
188 Court Street, Brockton MA 02302				
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			
Joseph Goncalves	12 Pleasant Heights Dr. N Easton MA 02356			
Laura Goncalves	132 Manners Ave Brockton MA 02301			
		,		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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)				
	rm that I have examined this Application for Registi atements contained herein are true and correct.	ration, including any		
Type or Print Name of LLC		Date		
New Vision Enterprise LLC		08/07/2023		
Signature/of Authorized Person				



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

July 28, 2023

### TO WHOM IT MAY CONCERN:

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

#### **NEW VISION ENTERPRISE LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 16, 2014.

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: JOSEPH GONCALVES, LAURA GONCALVES

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

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JOSEPH GONCALVES, LAURA GONCALVES



Processed By:IL

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galicin