RI SOS Filing Number: 202340707560 Date: 9/1/2023 12:05:00 PM



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 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:

| W. BUSECON | $\overline{}$ |
|-------------|---------------|
| TOS PER LED | `` |
| hereby | ı |

| 1. The name of the limited liability company is: | | | | | |
|--|---------------------------------|---------------|----------------|--|--|
| Griffo House 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 regist | er and transact business in Rho | ode Island is | 5 : | | |
| | | | | | |
| 2. The LLC is organized under the laws of: Idaho | | | | | |
| 3. The date of its organization is: 08/14/2023 | | | | | |
| And the period of its duration is: CHECK ONE BOX OF | NLY | | | | |
| Perpetual (on-going) | | | - - | | |
| Date certain for dissolution | | | | | |
| 4. The name and address of the resident agent/office in | Rhode Island is: | | | | |
| Agent Name Registered Agent Solutions, Inc. | | | | | |
| Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200 | | | | | |
| City/Town Warwick | State RHODE ISLAND | Zip Code | 02888 | | |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | | | | | |
| Design, Website 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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| 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: | | | | | | |
| 9201 W. State St., Suite 104, Boise, ID 83714 | | | | | | |
| 8. The mailing address for the limited liability company is: | | | | | | |
| 9201 W. State St., Suite 104, Boise, ID 83714 | | | | | | |
| 9. Management of the Limited Liability Company: CHECK ONLY ONE BOX | | | | | | |
| Members (Owners) DO NOT complete the chart below. | OR | Managers (Individuals hired by the members with no ownership interest) Complete the chart below. | | | | |
| | | MANAGER NAME | ADDRESS | | | |
| | | | | | | |
| | | | | | | |
| | | |] | | | |
| | | Check the | box to indicate an attachment | | | |
| 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) | | | | | | |
| 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 | | | |
| Griffo House LLC | | | 8/29/23 | | | |
| Signature of Authorized Person | | | | | | |
| M | | | is . | | | |



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

August 31, 2023

Request Type: Certificate of Existence/Filing

Request #:

0005376493

Receipt #:

000871900

Regarding:

GRIFFO HOUSE LLC

Filing Type:

Limited Liability Company (D)

Formation/Qualification Date: 08/14/2023

Status:

Active-Existing

Duration Term:

Perpetual

Issuance Date: 08/31/2023

Copies Requested:

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452307

4523976

Formation Locale: IDAHO

Inactive Date:

File #:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

GRIFFO HOUSE LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.



Phil McGrane

Idaho Secretary of State

Processed By: Business Division

Verification #: 025150925

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov

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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:

September 01, 2023 12:05 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

