



State of Rhode Island  
Department of State - Business Services Division

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BUS. SVCS. DIV.  
2023 OCT 30 P 12:24

## Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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:		
Belaying Pin, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
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: IL		
3. The date of its organization is: 10/27/2023		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Parasearch, Inc.		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Ste. 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:		
Real estate holdings		
Check the box to indicate an attachment <input type="checkbox"/>		

### 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 29118

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:

3500 Thayer Ct., Aurora, IL 60504

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

3500 Thayer Ct., Aurora, IL 60504

9. Management of the Limited Liability Company: **CHECK ONLY ONE BOX**

<input checked="" type="checkbox"/> Members (Owners) <b>DO NOT</b> complete the chart below.	OR	<input type="checkbox"/> 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 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 Belaying Pin, LLC	Date 10-18-2023
Signature of Authorized Person 	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

File Number

1392221-7



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

BELAYING PIN LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 27, 2023, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of OCTOBER A.D. 2023 .***

Authentication #: 2330002674 verifiable until 10/27/2024

Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulis*  
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:

October 30, 2023 12:24 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is written in a cursive style with a large, stylized "G" and "A".

Gregg M. Amore  
*Secretary of State*

