



**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: Greenhaven Turf Care, 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: MA 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: 2/11/2020

**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: 47 WOOD AVENUE SUITE 2

City or Town: BARRINGTON

State: RI Zip: 02806

Name: REGISTERED AGENTS INC.

**Article VII**

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

**TURF CARE ON ATHLETIC FIELDS, GOLF COURSES AND GROUNDS**

**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: 47 FERN AVENUE

City or Town: BROCKTON State: MA Zip: 02301 Country: USA

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: PO BOX 2601

City or Town: BROCKTON State: MA Zip: 02305 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.**

The name and address of each manager:

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	BRIAN LINEHAN	47 FERN AVENUE BROCKTON, MA 02301 USA
MANAGER	DEIRDRE LYDON	47 FERN AVENUE BROCKTON, MA 02301 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 20 Day of December, 2023 at 9:00:21 AM by the Authorized Person.**

BRIAN LINEHAN

Form No. 450  
Revised 09/07

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

**GREENHAVEN TURF CARE, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 11, 2020.**

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: **BRIAN LINEHAN**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **BRIAN LINEHAN, DEIRDRE LYDON**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **BRIAN LINEHAN**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.



Secretary of the Commonwealth

