



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

## Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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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:		
Milton Real Properties of Massachusetts, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No <input checked="" 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: NH		
3. The date of its organization is: 12/15/1999		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: REAL ESTATE FOR RENTAL & INVESTMENT HOLDING		
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](http://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:

100 Quarry Dr., Milford, MA, 01757, USA

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

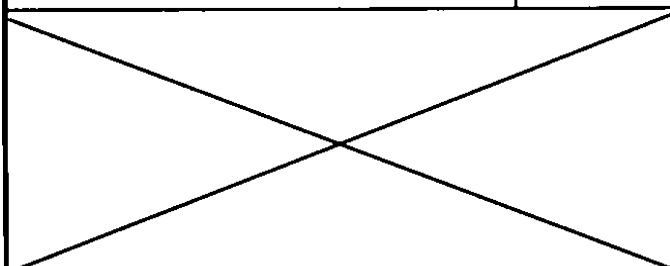
100 Quarry Dr., Milford, MA, 01757, USA ,

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

Christopher G. Milton

100 Quarry Dr., Milford, MA,  
01757, USA

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) 1/1/2024

*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

Gabby Boyle

Date

12/14/2023

Signature of Authorized Person

*Gabby Boyle*

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MILTON REAL PROPERTIES OF MASSACHUSETTS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on December 15, 1999. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 330892

Certificate Number: 0006360952



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 19th day of December A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
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:

December 20, 2023 01:29 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

