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Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

applies for a Certificate of Registration to purpose submits the following statement:	transact business in the State	of Rhode Island, and for that		
1. The name of the limited liability company is:				
CW ADVISORS, 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 register and transact business in Rhode Island is:				
<u></u>				
2. The LLC is organized under the laws of:				
DELAWARE				
3. The date of its organization is: JUNE 30, 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 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:				
WEALTH MANAGEMENT AND INVESTMENT ADVISORY				
		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 FILED 1:10

JAN 11 2024

FORM 450 - Revised: 12/202

				
any time, there is no resident agent or if diligence.	ted the agent of the foreign limit the resident agent cannot be fo	ed liability company for service of process if, at aund or served following the exercise of reasonable		
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:				
155 SEAPORT BLVD., 3RD FLOOR, BOSTON, MA 02210				
8. The mailing address for the limited liability company is:				
155 SEAPORT BLVD., 3RD FLOOR, BOSTON, MA 02210				
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY				
Members (Owners) OR Manager(s). Complete the chart below.				
	MANAGER(S) NAME	ADDRESS		
	JOHN LONERGAN	155 SEAPORT BLVD., 3RD FLOOR BOSTON, MA 02110		
	KENNETH ZANNONI	155 SEAPORT BLVD., 3RD FLOOR BOSTON, MA 02110		
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		
CW ADVISORS, LLC		1/10/2024		
Signature of Authorized Person				
/s/ PAUL LONERGAN				

ATTACHMENT

RHODE ISLAND APPLICATION FOR REGISTRATION CW ADVISORS, LLC

Section 9 Continued - Management of the Limited Liability Company

RICHARD VILLIOTTE - 155 SEAPORT BLVD., 3rd FLOOR, BOSTON, MA 02110

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CW ADVISORS, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CW ADVISORS,
LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3159618 8300 SR# 20240089552 Authentication: 202568241

Date: 01-10-24