



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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2024 JAN 16 12:47 FOR
CLERK OF STATE
USE ONLY

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: <u>Blue Rhino Roofing LLC</u>		
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:		
2. The LLC is organized under the laws of: <u>Massachusetts</u>		
3. The date of its organization is: <u>02-17-2022</u>		
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 <u>Carlos Beato</u>		
Street Address (NOT a P.O. Box) <u>225 mountindale Rd Smithfield RI</u>		
City/Town <u>Smithfield</u>	State <u>RHODE ISLAND</u>	Zip Code <u>02917</u>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
<u>Roofing Siding Gutters Chimney</u>		
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

STAMP

FILED

FOR
SECRETARY OF STATE
USE ONLY

JAN 16 2024

BY GWIMN

FORM 450 - Revised: 12/2023

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:

85 French av Brockton MA 02301

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

90 Tremont st Fall River 02720

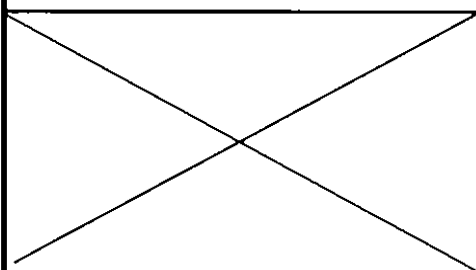
9. Management of the Limited Liability Company. **CHECK ONE BOX ONLY**

☐ Members (Owners)

OR

☒ Manager(s). Complete the chart below.

DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS
	Luis Mauricio Morocha Lema	90 Tremont st Fall River 02720

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.

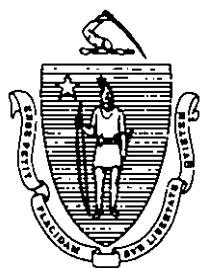
Type or Print Name of LLC

Luis Mauricio Morocha Lema

Date 01-16-2024

Signature of Authorized Person

Luis Lema



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

January 12, 2024

TO WHOM IT MAY CONCERN:

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

BLUE RHINO ROOFING LLC

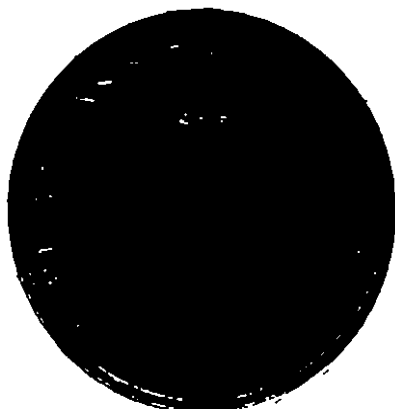
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 17, 2022.**

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: **LUIS MAURICIO MOROCHO LEMA**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **LUIS MAURICIO MOROCHO LEMA**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **LUIS MAURICIO MOROCHO LEMA**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth



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:

January 16, 2024 12:47 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

