

## Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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2024 JAN 18 P 12: 46

Pursuant to the provisions of RIGL 7-16-4 applies for a Certificate of Registration to purpose submits the following statement:					
1. The name of the limited liability company is:					
HTHM Operations 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:					
2. The LLC is organized under the laws of: Delaware					
3. The date of its organization is: 08/23/2018					
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 Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	3333333.11		
5. The purpose or purposes which it prop	poses to pursue in the transact	ion of business in Rhode Island	l are:		
Sales and delivery of prepared meals.					
		Objectively a transfer of the			
1		Check the box to indig	ı <u>re</u> ,an aπachment 📖		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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:				
289 Elm Street Suite 102 Marlborough, MA 01752				
8. The mailing address for the limited liability company is:				
289 Elm Street Suite 102 Marlborough, MA 01752				
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		
	Paul Freeston	Canal Road Trowbridge BA14 8RJ United Kingdom		
	Christopher Webb	289 Elm Street Suite 102 Marlborough, MA 01752		
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		
HTHM Operations LLC		01/16/2024		
Signature of Authorized Person				

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

DELAWARE, DO HEREBY CERTIFY "HTHM OPERATIONS 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 SIXTEENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HTHM OPERATIONS LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2018.

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

7027862 8300 SR# 20240135871 Authentication: 202599702

Date: 01-16-24