

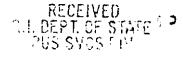
## State of Rhode Island

## Department of State - Business Services Division

## **Application for Registration**

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00



2024 JAN 25 P 1: 35

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

The name of the limited liability company is:				
AG-SC Centerville Road Owner, L.L.C.				
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes X 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:  January 22, 2023				
And the period of its duration is: CHECK ONE BOX ONLY				
X 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 (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Real Estate Transactions				
		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

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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 b if not so required, of the principal office of		untry of its organization by the laws of that state or, inpany is:		
1209 Orange Street, Wilmington, Delaware				
8. The mailing address for the limited liab	oility company is:			
c/o Angelo, Gordon & Co., 245 Park Avenue	e, 24th Floor, New York, NY 1016	57		
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		
$\rightarrow$				
		:		
	<u> </u>	Check the box to indicate an attachment		
10. This application must be accompanie formation dated within 60 days of the dated wi		nding/Letter of Status from the state or country of		
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 a accompanying attachments, and that all	ffirm that I have examined this statements contained herein a	Application for Registration, including any re true and correct.		
Type or Print Name of LLC		Date		
AG-SC Centerville Road Owner, L.L.C.		01/23/2024		
Signature of Authorized Person Frank Virga, Vice President of AG Real manager of AG-SC Portfolio Parent I, L		DocuSigned by:		



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

DELAWARE, DO HEREBY CERTIFY "AG-SC CENTERVILLE ROAD OWNER, L.L.C."

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 TWENTY-FOURTH DAY OF JANUARY, A.D.

2024.

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

Authentication: 202654689

Date: 01-24-24