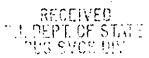


## **Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby 2024 341 25 1: 21 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:

UTGR, LLC

UTGR, 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: 11/13/1989					
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 pursu OPERATION OF CASINO, VIDEO LOTTERY TERMINA BEVERAGE. TITLE: 7-1.1	ie in the transaction of business ALS, TABLE GAMES, ENTERTA	s in Rhode Island are: AINMENT, FOOD AND			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 5. 127

JAN 26 2024

Check the box to indicate an attachment

BY DVSM 12

FORM 450 - Revised: 8-2023

any time, there is no resident agent or if the diligence.				
7. The address of the office required to be r if not so required, of the principal office office of the principal office office office office office o			ganization by the laws of that state or,	
100 Westminster St, Providence, RI 02930 USA				
8. The mailing address for the limited liabilit 100 Westminster St, Providence, RI (				
9. Management of the Limited Liability Company: CHECK ONLY ONE BOX				
Members (Owners) <b>DO NOT</b> complete the chart below.	OR	X Managers (Individuals hired by the members with no ownership interest) Complete the chart below.		
		MANAGER NAME	ADDRESS	
		Craig Eaton	100 Westminster St Providence, RI 02930 USA	
		George Papanier	100 Westminster St Providence, RI 02930 USA	
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				
X 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		
UTGR, LLC		1/25/2024		
Signature of Authorized Person				

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "UTGR, 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2024.

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

Authentication: 202669914

Date: 01-25-24

2213163 8300

SR# 20240247068