RI SOS Filing Number: 202445092020 Date: 1/31/2024 10:26:00 AM



## State of Rhode Island Department of State - Business Services Division

## **Application for Certificate of Conversion**

DOMESTIC Business Corporation, Non-Profit Corporation, Limited Partnership, Limited Liability Partnership or Limited Liability Company

→ No Filing Fee



Pursuant to the applicable provisions of RIGL <u>7-1.2-1007</u>, <u>7-6-48.1</u>, <u>7-12.1-1143</u>, <u>7-13.1-1143</u> and <u>7-16-5.1</u>, the undersigned submits the following Certificate of Conversion:

| 1. Entity ID Number:   | 2. The full name of the converting entity is: |   |  |  |
|--|---|---|--|--|
| 001746417  | RI Outdoor Living LLC                         |   |  |  |
| 3. It is formed under the jurisdiction of:   |   | 4. The date of formation is:                                |  |  |
| RI   |   | 09-21-2022  |  |  |
| 5. The jurisdiction to which the entity is converting:   |   |   |  |  |
| RHODE ISLAND   |   |   |  |  |
| 6. The structure of the converting entity is: CHECK ONE BOX ONLY   |   |   |  |  |
| Business Corporation   |   | Non-Profit Corporation                                      |  |  |
| Limited Liability Company  |   | Other Entity  |  |  |
| Partnership (General, Limited, or Limited Liability Partnership)   |   |   |  |  |
| 7. The structure of the entity following conversion will be: CHECK ONE BOX ONLY  |   |   |  |  |
| Business Corporation   | [   | Limited Partnership / Limited Liability Limited Partnership |  |  |
| Non-Profit Corporation   | [   | Limited Liability Partnership                               |  |  |
| Limited Liability Company  |   |   |  |  |
| 8. The name of the entity following the conversion is:   |   |   |  |  |
| RI Outdoor Living Corp   |   |   |  |  |
| 9. This certificate of conversion and accompanying certificate of formation have been approved by the converting entity in the manner provided for in RIGL <u>7-1.2-1007</u> , <u>7-6-48,1</u> , <u>7-12,1-1143</u> , <u>7-13.1-1143</u> and <u>7-16-5.1</u> . |   |   |  |  |

MAIL TO:

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

Phone: (401) 222-3040 Website: <u>www.sos.ri.gov</u>

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| 10. This certificate of conversion is filed as an accompanying certificate to: CHECK ONE BOX ONLY  |                            |         |  |  |
|--|----------------------------|---------|--|--|
| ■ Business Corporation Articles of Incorporation   |                            |         |  |  |
| Non-Profit Corporation Articles of Incorporation   |                            |         |  |  |
| Limited Liability Company Articles of Organization   |                            |         |  |  |
| Statement of Limited Liability Partnership   |                            |         |  |  |
| Certificate of Limited Partnership   |                            |         |  |  |
| Statement of Limited Liability Limited Partnership   |                            |         |  |  |
| 11. Date when this Certificate of Conversion will be effective: CHECK ONE BOX ONLY   |                            |         |  |  |
| ✓ Date received (Upon filing)  |                            |         |  |  |
| Later effective date   |                            |         |  |  |
| Under penalty of perjury, we declare and affirm that we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct. |                            |         |  |  |
| Type or Print Name of Converting Entity  |                            |         |  |  |
| RI outdoor Living loop   |                            |         |  |  |
| Type or Print Name of Person Signing   | Title of Person Signing    |         |  |  |
|  |                            |         |  |  |
| Robert Sullivan  | owner                      |         |  |  |
| Signature  | 7                          | Date    |  |  |
| the the  |                            | 1-31-24 |  |  |
| Type or Print Name of Person Signing   | Title of Person of Signing |         |  |  |
|  |                            |         |  |  |
|  |                            |         |  |  |
| Signature  | Date                       |         |  |  |
|  |                            |         |  |  |
|  |                            | L       |  |  |