

# State of Rhode Island Office of the Secretary of State

Fee: \$150.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Foreign Limited Liability Company Application for Registration

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

#### **ARTICLE I**

The name of the limited liability company is: All Phase Diversified Services, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

#### **ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

Drewnowski Pools & Spa

#### **ARTICLE III**

The Limited Liability Company is organized under the laws of: State: CT Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 2/5/2024

#### **ARTICLE IV**

The date of its organization is: 10/19/2006

#### **ARTICLE V**

The period of its duration is: X Perpetual

#### **ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 450 VETERANS MEMORIAL PKWY.

City or Town: <u>EAST PROVIDENCE</u> State: RI Zip: <u>02914</u>

Name: RHODE ISLAND BUILDERS ASSOCIATION, INC.

#### **Article VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

### **SWIMMING POOL SERVICE AND RESTORATION**

#### **ARTICLE VIII**

The Rhode Island 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.

#### **ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: <u>1815 MAIN STREET</u>

City or Town: AGAWAM State: MA Zip: 01001 Country: USA

#### **ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: <u>1815 MAIN STREET</u>

City or Town: AGAWAM State: MA Zip: 01001 Country: USA

#### **ARTICLE XI**

The limited liabilty company is to be managed by its \_\_\_ Members\* or \_\_X Managers (check one)

\* If you checked to be managed by your MEMBERS (*the owners*) DO NOT complete the following section. <u>Only</u> complete the following section if you checked to be managed by MANAGERS.

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	RUSSELL G MILLER	35 BLUEBERRY CIRCLE ELLINGTON, CT 06029 USA
MANAGER	BRIAN R JULIANO	107 HAMPDEN ROAD SOMERS, CT 06071 USA

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing in compliance with R.I. Gen. Laws & 7-16

Signed this 5 Day of February, 2024 at 3:34:14 PM by the Authorized Person.

**RUSSELL G. MILLER** 

Form No. 450 Revised 09/07

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# **Secretary of the State of Connecticut Certificate of Legal Existence**

Certificate of Legal Existence Certificate

Date Issued: Monday, February 05, 2024 1:22 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

## **Business Details**

Business Name	ALL PHASE DIVERSIFIED SERVICES LLC		
Business ALEI	US-CT.BER:0876368		
Formation Date	10/19/2006		

Secretary of the State

Note: To verify this certificate, visit Business.ct.gov

Business ALEI: US-CT.BER:0876368 Certificate Number: C-00120383

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