



**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: WILLARD AVE. 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:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: IL Country: US

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: 03/15/2024

ARTICLE IV

The date of its organization is: 2/8/2024

ARTICLE V

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

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

No. and Street: 397 WILLARD AVENUE

City or Town: SOUTH KINGSTOWN

State: RI Zip: 02879

Name: MARYANN LAFAIRE

Article VII

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

THE PURPOSES AND SCOPE OF THE COMPANY'S ACTIVITIES SHALL BE TO MANAGE, IMPROVE, MAINTAIN, LEASE AND SELL THE REAL PROPERTY COMMONLY KNOWN AS 397 WILLARD AVE., WAKEFIELD, RI, 02879 AND PURPOSE MAY CONSIST OF ANY LAWFUL ACTIVITY RELATED TO LIMITED LIABILITY COMPANIES BY THE ILLINOIS LIMITED LIABILITY COMPANY ACT, AS IT MAY BE AMENDED FROM TIME TO TIME.

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: 5355 N. CHRISTIANA AVE.

City or Town: CHICAGO

State: IL

Zip: 60625

Country: US

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 5355 N. CHRISTIANA AVE.

City or Town: CHICAGO

State: IL

Zip: 60625

Country: US

ARTICLE XI

The limited liability company is to be managed by its ___ Members* or ☒ Managers (check one)

*** If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only 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	MARYANNE LAFLAIRE	5355 N. CHRISTIANA AVE. CHICAGO, IL 60625 US

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 15 Day of March, 2024 at 12:18:43 PM by the Authorized Person.

EDWIN GAUSSELIN

Form No. 450
Revised 09/07

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To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

WILLARD AVE. LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 08, 2024, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of MARCH A.D. 2024 .

Authentication #: 2407502394 verifiable until 03/15/2025

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 15, 2024 12:17 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

