



**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: Agile Banking, 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:

Martha's Vineyard Bank

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: MA 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:

**ARTICLE IV**

The date of its organization is: 8/26/2020

**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: 450 VETERANS MEMORIAL PARKWAY  
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914

Name: CT CORPORATION SYSTEM

## Article VII

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

THE PRIMARY PURPOSE OF AGILE BANKING, LLC IS THE DEVELOPMENT AND PROVISION OF BANK TECHNOLOGY AND RELATED SERVICES AND TO ENGAGE IN ACTIVITIES RELATED TO OR INCIDENTAL THERETO, IN EACH CASE, ONLY TO THE EXTENT THAT SUCH SERVICES AND ACTIVITIES MAY BE LAWFULLY PROVIDED OR CONDUCTED BY MARTHA'S VINEYARD BANK AND BY A LIMITED LIABILITY COMPANY UNDER MASSACHUSETTS LAW.

## 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: 78 MAIN STREET  
City or Town: EDGARTOWN State: MA Zip: 02539 Country: USA

## ARTICLE X

The mailing address for the limited liability company is:

No. and Street: P.O. BOX 1069  
City or Town: EDGARTOWN State: MA Zip: 02539 Country: USA

## ARTICLE XI

The limited liability 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. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | MARTHAS VINEYARD BANK                          | 78 MAIN STREET<br>EDGARTOWN, MA 02539 USA                  |

MANAGER

KAREN F. PONTREMOLI

78 MAIN STREET  
EDGARTOWN, MA 02539 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 18 Day of March, 2024 at 3:53:21 PM by the Authorized Person.**

KAREN F. PONTREMOLI

Form No. 450  
Revised 09/07

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I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**AGILE BANKING, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **August 26, 2020.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:

**MARTHA'S VINEYARD BANK**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MARTHA'S VINEYARD BANK, KAREN F. PONTREMOLI**

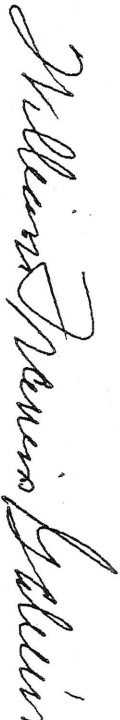
The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

  
Secretary of the Commonwealth





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 18, 2024 03:53 PM

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

Gregg M. Amore  
*Secretary of State*

