



**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: PAPA ERDR WARWICK 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: NJ 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: 10/10/2023

**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: 1160 POST RD

STE 10

City or Town: WARWICK

State: RI

Zip: 02888

Name: RALONDA JOHNSON

## Article VII

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

LIMITED SERVICE RESTAURANT.

## 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: PO BOX 8004  
City or Town: PISCATAWAY State: NJ Zip: 08855 Country: USA

## ARTICLE X

The mailing address for the limited liability company is:

No. and Street: PO BOX 8004  
City or Town: PISCATAWAY State: NJ Zip: 08855 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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	RALONDA JOHNSON	PO BOX 8004 PISCATAWAY, NJ 08855 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 8 Day of May, 2024 at 9:54:58 AM by the Authorized Person

RYAN S. CURRAN, CPA, JD

Form No. 450  
Revised 09/07

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**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**PAPA ERDR WARWICK LLC**  
0451033198

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 10, 2023.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

JOSEPH JOHNSON  
877 BROAD ST  
NEWARK, NJ 07102



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
7th day of May, 2024*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6153298849

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)



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:

May 08, 2024 09:54 AM

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 and prominent.

Gregg M. Amore  
*Secretary of State*

