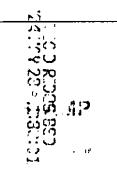


Application for Registration

FOREIGN Limited Liability Company



Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is: TS Warwick Manager LLC Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No The name, if different, under which it proposes to register and transact business in Rhode Island is: 2. The LLC is organized under the laws of: Delaware 3. The date of its organization is: 02/29/2024 And the period of its duration is: CHECK ONE BOX ONLY X Perpetual (on-going) Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name C T Corporation System Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A Zip Code City/Town State 02914 East Providence **RHODE ISLAND** 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: To manage other limited liability companies engaged in the acquisition, development, ownership, holding, selling, leasing, transferring, exchanging, management and operation of real property and to enter into and conduct any business related thereto or useful in connection therewith.

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov Check the box to indicate an attachment

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| 6. The RI 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. | | | |
|---|----|--|--|
| 7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is: | | | |
| 1900 Crown Colony Drive, Suite 405, Quincy, MA 02169 | | | |
| 8. The mailing address for the limited liability company is: | | | |
| 1900 Crown Colony Drive, Suite 405, Quincy, MA 02169 | | | |
| 9. Management of the Limited Liability Company: CHECK ONLY ONE BOX | | | |
| Members (Owners) DO NOT complete the chart below. | OR | X Managers (Individuals hired by the members with no ownership interest) Complete the chart below. | |
| | ~ | MANAGER NAME | ADDRESS |
| | | Babar, LLC | 1900 Crown Colony Drive, 4th Floor, Suite 405, Quincy, MA 02169 |
| | | | |
| Check the box to indicate an attachment | | | |
| 10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing. | | | |
| 11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY | | | |
| × Date received (Upon filing) | | | |
| Later effective date (Date must be no more than 90 days from the date of filing) | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct. | | | |
| Type or Print Name of LLC Date | | | |
| TS Warwick Manager LLC 5/22/24 | | | |
| Signature of Authorized Person Jay O. Hirsh | | | |
| CHT | | | |

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TS WARWICK MANAGER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



of Exte

Authentication: 203535021 Date: 05-22-24

3189748 8300

SR# 20242358343 You may verify this certificate online at corp.delaware.gov/authver.shtml 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 23, 2024 01:30 PM

Areg M. Couve

Gregg M. Amore Secretary of State

