



Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

applies for a Certificate of Registration to transa purpose submits the following statement:	ect dusiness in the State of Knode Isia	nd, and for that	
1. The name of the limited liability company is:			
The Simons Company, LLC			
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes			
The name, if different, under which it proposes	to register and transact business in R	thode Island is:	
The Simons Company RI, LLC			
2. The LLC is organized under the laws of: De	laware		
3. The date of its organization is: 10/21/2022			
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 agen	Voffice in Rhode Island is:		
Agent Name C T Corporation System			
Street Address (NOT a P.O. Box) 450 Veterans	Memorial Parkway. Sulte 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914	

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Plumbing and heating/air conditioning equipment and supplies.

Website: www.sos,ri.gov

FILED 2:39

JUN 21 2024 BY XZCKB

Check the box to indicate an attachment

The RI Department of State is appointed any time, there is no resident agent or if the diligence.	d the agent e e resident a	of the foreign limited liability igent cannot be found or se	y company for service of process if, at erved following the exercise of reasonable		
7. The address of the office required to be if not so required, of the principal office of			s organization by the laws of that state or,		
155 Oak Street, Glastonbury, CT 06033					
8. The mailing address for the limited liability company is:					
155 Oak Street, Glastonbury, CT 06033					
9. Management of the Limited Liability Company: CHECK ONLY ONE BOX					
Members (Owners) DO NOT complete the chart below.	OR	Managers (Individuals hired by the members with no ownership interest) Complete the chart below.			
		MANAGER NAME	ADDRESS		
		Avichal Jain	1 CityPlace Dr. Sye 400 Saint Louis. MO 63141		
		Che	ck 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 Certifical	e of Registr	ation will be effective: CHE	CK ONE BOX ONLY		
X 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 effir accompanying attachments, and that all stope					
Type or Print Name of LLC		· · · · · · · · · · · · · · · · · · ·	Date		
The Simons Company, LLC			01/02/24		
Signature of Authorized Person					



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE SIMONS COMPANY, 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 THIRTEENTH DAY OF JUNE, A.D. 2024.

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

7097871 8300

Authentication: 203700572

Date: 06-13-24