RI SOS Filing Number: 202458720530 Date: 8/9/2024 1:51:00 PM



State of Rhode Island Department of State - Business Services Division

EC'D RIDGS BS

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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:

outpose submits the following statement.			
The name of the limited liability company is:			
PRIORITY EXTERMINATING AND ODOR CONTROL LLC			
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes X 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: 05/23/2023			
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 Curporation System			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence	State RHODE ISLAND	Zip Code 02914	
5. The purpose or purposes which it prop PEST CONTROL AND EXTERMINATING		tion of business in Rhode Island are:	
Check the box to indicate an attachment			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG - 9 2024 BY 17452

FORM 450 - Revised: 12/2023

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:				
149 NEW HYDE PARK ROAD, FRANKLIN SQUARE, NY 11010				
8. The mailing address for the limited liability company is:				
149 NEW HYDE PARK ROAD, FRANKLIN SQUARE, NY 11010				
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY				
X Members (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.				
	MANAGER(S) NAME	ADDRESS		
	<u>. </u>	Check the box to indicate an attachment		
10. This application must be accompanied by a இதுக்கு <u>கணைய நடுக்கு இரி</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				
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 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		
PRIORITY EXTERMINATING AND ODOR CONTROL LLC		08/06/2024		
Signature of Authorized Person				



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

DELAWARE, DO HEREBY CERTIFY "PRIORITY EXTERMINATING AND ODOR

CONTROL 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 FIFTH DAY OF AUGUST, A.D.

2024.

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

Authentication: 204084415

Date: 08-05-24

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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:

August 09, 2024 01:51 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

