



**State of Rhode Island  
Department of State - Business Services Division**

REC'D RIDGS BSS  
 24 AUG 2024 1:35:48  
 STATE

**Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:		
The Exterior Company, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company?		Yes No <input checked="" type="checkbox"/>
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: Pennsylvania		
3. The date of its organization is: 05/07/2012		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> 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		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: To engage in the business of providing residential and commercial roof repairs and other roofing services.		
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

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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:

311 Harrisburg Ave., Lancaster, PA 17603

8. The mailing address for the limited liability company is:

311 Harrisburg Ave., Lancaster, PA 17603

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

Members (Owners) **DO NOT** complete the chart below. **OR** Manager(s). Complete the chart below.

X	MANAGER(S) NAME	ADDRESS	

Check the box to indicate an attachment

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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 The Exterior Company, I.L.C	Date 8/19/24
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DocuSigned by:  
*Jonathan Shifke* Authorized Person  
988C7E280E82421..

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T:717-787-1057  
dos.pa.gov/BusinessCharities

**Regarding:** The Exterior Company, LLC  
**Request Type:** Subsistence Certificate **Issuance Date:** August 19, 2024  
**Request No.:** 041258429 **File No.:** 0004106963  
**Receipt No.:** 001180577  
**Filing Type:** Domestic Limited Liability Company  
**Filing Subtype:** Limited Liability Company  
**Initial Filing Date:** May 07, 2012  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

The Exterior Company, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)