



State of Rhode Island Department of State - Business Services Division

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:

1. The name of the limited liability company is.

AdVantage Contracting, 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 Rhode Island is

2 The LLC is organized under the laws of Massachusetts

3 The date of its organization is: 04/03/2

04/03/201 (g

RI DOS MADE NON-SUBSIANTIVE EDITS

And the period of its duration is CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name Scott Bascom/exp Realty

Street Address (NOT a P.O Box) 11 A Connell St.

| City/Town Tiverton | State RHODE ISLAND | Zip Code 02878 | |
|-------------------------------|--|--------------------------------------|--|
| 5 The purpose or purposes whi | ich it proposes to pursue in the transac | tion of business in Rhode Island are | |
| Residential building remot | deling | | |
| | | | |

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

FILED AUG 19 2024 FORM 450 - Revised 12/2023

No 🔽

| any time, there is no resident agent or if diligence. | the resident agent cannot be t | ited liability company for service of process if, at ound or served following the exercise of reasonable | | |
|---|--|---|--|--|
| 7 The address of the office required to b if not so required, of the principal office of | e maintained in the state or co if the foreign limited liability co | puntry of its organization by the laws of that state or mpany is: | | |
| 41 Bartlett Rd, Randolph, MA 023 | | | | |
| 8 The mailing address for the limited lial | | | | |
| 41 Bartlett Rd, Randolph, MA 02368 | | RI DOS MADE NON-SUBSTANTIVE EDITS | | |
| 9 Management of the Limited Liability Company CHECK ONE BOX ONLY | | | | |
| Members (Owners) OR Manager(s). Complete the chart below DO NOT complete the chart below | | | | |
| | MANAGER(S) NAME | ADDRESS | | |
| | Renso Rojas | 41 Bartlett Rd, Randolph, MA 02368 | | |
| | | | | |
| <u> </u> | <u> </u> | 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 | | | | |
| Advnatage Contracting, LLC | , V | 08/14/2024 | | |
| Signature of Authorized Person | | | | |
| | | | | |



The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massattes 192/33

William Francis Galvin Secretary of the Commonwealth

August 2, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ADVANTAGE CONTRACTING LLC

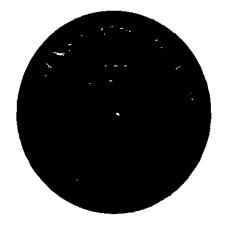
in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 3, 2016.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **RENSO ROJAS**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **RENSO ROJAS**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: NONE



Processed By:BOD

In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

William Themins Galein

Secretary of the Commonwealth

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:

August 19, 2024 11:47 AM

Treng M. Course

Gregg M. Amore Secretary of State

