



State of Rhode Island
Department of State - Business Services Division

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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: | | |
| Doctor's Associates LLC | | |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> 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 Delaware | | |
| 3. The date of its organization is: 5/29/2024 | | |
| And the period of its duration is: CHECK ONE BOX ONLY | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) | | |
| <input type="checkbox"/> Date certain for dissolution _____ | | |
| 4. The name and address of the resident agent/office in Rhode Island is: | | |
| Agent Name Corporation Service Company | | |
| Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 | | |
| City/Town Warwick | State RHODE ISLAND | Zip Code 02888 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | | |
| Franchisor of Subway Franchises | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | |

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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FORM 4330 - Revised 1/2024

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:

1 Corporate Drive, Suite 1000, Shelton, CT 06484

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

1 Corporate Drive, Suite 1000, Shelton, CT 06484

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.

| X | MANAGER(S) NAME | ADDRESS |
|---|-----------------|---------|
| | | |
| | | |

Check the box to indicate an attachment:

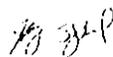
10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

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 Doctor's Associates LLC | Date August 28, 2024 |
|--|-------------------------|

Signature of Authorized Person


Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOCTOR'S ASSOCIATES 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 THIRTIETH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOCTOR'S ASSOCIATES LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2024.

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



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SR# 20243571765

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 204288618

Date: 08-30-24



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:

September 13, 2024 12:27 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

