RI SOS Filing Number: 202460223720 Date: 9/19/2024 11:10:00 AM



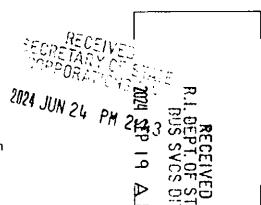
State of Rhode Island

Department of State - Business Services Division

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership,

Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island CO

3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY) Limited Liability Company	Entity ID Number:	The full name of the entity filing this application is:			
Limited Liability Company ousiness Corporation Non-Profit Corporation Limited Partnership Limited Liability Partnership 4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY) Limited Liability Company (RIGL 7-16-52.1) Business Corporation (RIGL 7-1.2-1411.1) Non-Profit Corporation (RIGL 7-6-80.1) Limited Partnership or Limited Liability Limited Partnership (RIGL 7-13.1-1009) Limited Liability Partnership (RIGL 7-12.1-1009)	001762765	Ten Point Co	onstruction LLC		
Limited Partnership	3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)				
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY) Limited Liability Company (RIGL 7-16-52.1) Business Corporation (RIGL 7-1.2-1411.1) Non-Profit Corporation (RIGL 7-6-80.1) Limited Partnership or Limited Liability Limited Partnership (RIGL 7-13.1-1009) Limited Liability Partnership (RIGL 7-12.1-1009) 5. The date the applicant qualified to conduct business in Rhode Island is: 9110003 7. The name of the entity following the transfer of authority is: Tex Point Condition (Textuation Company) Application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY Application for certificate of authority for a Business Corporation Application for certificate of authority for a Non-Profit Corporation Statement of registration for a Limited Partnership Statement of registration for a registered Limited Liability Partnership 9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good	Limited Liability Company business Corporation Non-Profit Corporation				
Limited Liability Company (RIGL 7-16-52.1) Susiness Corporation (RIGL 7-1.2-1411.1) Non-Profit Corporation (RIGL 7-6-80.1)	Limited Partnership Limited Liability Partnership				
Non-Profit Corporation (RIGL 7-6-80.1)	4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)				
CRIGL 7-13,1-1009	Limited Liability Company (RIGL <u>7-16-52.1</u>) Business Corporation (RIGL <u>7-1.2-1411.1</u>)				
Limited Liability Partnership (RIGL 7-12.1-1009) 5. The date the applicant qualified to conduct business in Rhode Island is: 910003 6. The jurisdiction upon transfer of authority is: Tex Rock Condition (Liability Company) 8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY Application for registration for a Limited Liability Company Application for certificate of authority for a Business Corporation Application for certificate of authority for a Non-Profit Corporation Statement of registration for a Limited Partnership Statement of registration for a registered Limited Liability Partnership 9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good					
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9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good	Statement of registration for a Limited Partnership				
	Statement of registration for a registered Limited Liability Partnership				
Standing/Legal Existence from the current jurisdiction of the entity.	9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good				

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

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RI DOS MADE NON-SUBSTANTIVE EDITS

10. TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.				
Type or Print Name of Limited Liability Company				
Ten Point Construction LLC				
Signature of Authorized Flerson	Date 06-20-24			
Signature of Authorized Flerson	Date			
Type or Print Name of Corporation				
Ten Point Construction, Inc.				
Signature of Authorized Person	Date 06-20-24			
Signature of Authorized Person	Date			
Type or Print Name of Partnership				
Type of Fillit Haile of Cartiership				
Signature of Partner	Date			
Signature of Partner	Date			
Signature of Partner	Date			
Type or Print Name of Other Entity				
Type of Finite Hame of Care, Entity				
Signature of Authorized Person	Date			
Signature of Authorized Person	Date			

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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:

September 19, 2024 11:10 AM

Gregg M. Amore Secretary of State

Treg M. Coure

