

Application for Registration

FOREIGN Limited Liability Company

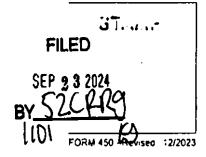
→ Filing Fee: \$150.00

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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:
Infinity carpentry and Bayond LLC.
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes 🔀 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:
3. The date of its organization is: 07 - (9 - 2024)
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 agenVoffice in Rhode Island is:
Agent Name
Rhode Island Builders Association Inc
Street Address (NOT a P.O. Box)
450 Veterans Memorial PKy #301
City/Town State Zip Code
Gast Providance RHODE ISLAND 02014
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Romodeling, repairs, construction.
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



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:
96 HartFord St NAtick MA 01760
8. The mailing address for the limited liability company is: 96 HARTFORD St. NATICK MA. 01760
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY
Members (Owners) OR Manager(s). Complete the chart below.
MANAGER(S) NAME ADDRESS
Wallace g. durnops glo Hardfort St des Peis Natick, MATOFILO
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
T 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
INFLUITY CARPENTRY AND BEYOND 9-20-2024
Signature of Authorized Person

RI DOS MADE EDITS PER FILER

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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The Commonwealth of Massachusetts Secretary of the Commonwealth State Nouse, Boston, Massachusetts 02133

William Francis Galvin Secretary of the Commonwealth

August 23, 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

INFINITY CARPENTRY & BEYOND LLC

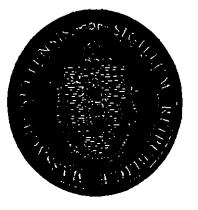
in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 19, 2024.

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.

l also certify that the names of all managers listed in the most recent filing are: WALACE G. DORNELAS DOS REIS

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: WALACE G. DORNELAS DOS REIS

The names of all persons authorized to act with respect to real property listed in the most recent filing are: WALACE G. DORNELAS DOS REIS



Processed By:mgc

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Villian Tranino Galicin

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:

September 23, 2024 11:01 AM

Areg M. Couve

Gregg M. Amore Secretary of State

