



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
 24 OCT 25 PM 1:37:06

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:		
Waterford Service 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: NJ		
3. The date of its organization is: 1/27/16		
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: 16 Pier Marketplace Narragansett		
Agent Name		
John Daily		
Street Address (NOT a P.O. Box)		
16 Pier Marketplace		
City/Town	State	Zip Code
Narragansett	RHODE ISLAND	02882
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
General Carpentry		
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

FILED

OCT 25 2024

BY dlbPC1
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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:

16 Pier Marketplace Narragansett RI 02882

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

16 Pier Marketplace Narragansett RI 02882

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



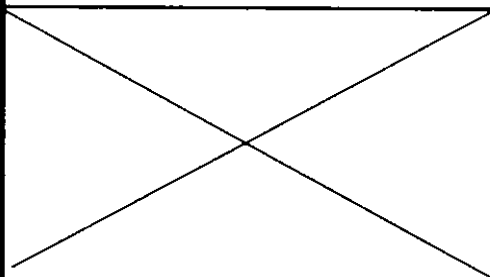
Members (Owners)

OR



Manager(s). Complete the chart below.

DO NOT complete the chart below.



MANAGER(S) NAME

ADDRESS

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

Date

Waterford Services LLC

10/25/24

Signature of Authorized Person

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

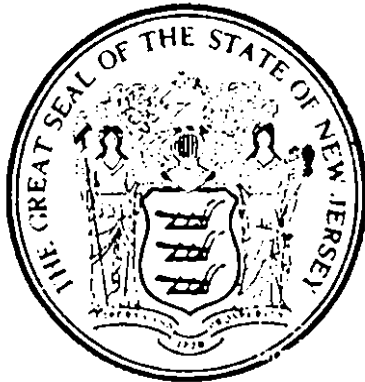
WATERFORD SERVICES LLC
0450047190

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 27, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOHN DAILY
117 WOODCLIFF AVE
WOODCLIFF LAKE, NJ 07677



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
22nd day of October, 2024*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6158258450

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



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:

October 25, 2024 01:37 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

