

State of Rhode Island Department of State - Business Services Division

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Application for Registration FOREIGN Limited Liability Company		\$ BSD 12:16:46		
→ Filing Fee: \$150.00		ਰੇ		
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:				
The name of the limited liability company is:				
REPUBLIC BUILDING CONTRACTORS, 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 pro	poses to register and transact b	ousiness in Rhode Island is:		
2. The LLC is organized under the laws of: MASSACHUSETTS				
3. The date of its organization is: 12/06/2024				
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	agent/office in Rhode Island is			
Agent Name Platinum Registered Agents Inc.				
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200				
City/Town	State RHODE ISLAND	Zip Code		
Warwick		02888	-; ··	
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
COMMERCIAL GENERAL CONTRACTOR				
		Check the box to indica	te es attachment 🗍	
4		Check the box to indica	ne an anachment i	

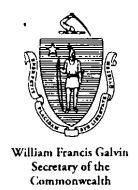
MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

JAN 27 2025

		ted liability company for service of process if, at ound or served following the exercise of reasonable			
7. The address of the office required to lif not so required, of the principal office of		ountry of its organization by the laws of that state or, impany is:			
491 MAPLE STREET, SUITE 103	3, DANVERS, MA 01923				
8. The mailing address for the limited lia	bility company is:				
491 MAPLE STREET, SUITE 103	3, DANVERS, MA 01923				
9. Management of the Limited Liability C	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			
	NICHOLAS MOREL	491 MAPLE STREET, SUITE 103 DANVERS, MA 01923			
		Check the box to indicate an attachment			
10. This application must be accompani formation dated within 60 days of the da		nding/Letter of Status from the state or country of			
11. Date when this application for Certifi	cate of Registration will be effe	ctive: 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 penjury, I declare and a accompanying attachments, and that all		Application for Registration, including any re true and correct.			
Type or Print Name of LLC		Date			
REPUBLIC BUILDING CONTRACTORS, LLC		1/20/2025			
Signature of Authorized Person	•				
Mcholas Morel					



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachuseus 02133

January 13, 2025

TO WHOM IT MAY CONCERN:

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

REPUBLIC BUILDING CONTRACTORS, LLC

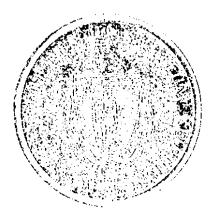
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December** 6, 2024.

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.

I also certify that the names of all managers listed in the most recent filing are: NICHOLAS MOREL

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

I also certify that the names of all persons authorized to act with respect to real property listed in the most recent filing are: **NICHOLAS MOREL**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galetin

Processed By:KM