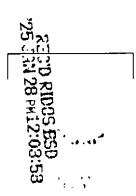


## State of Rhode Island Department of State - Business Services Division

## **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: **GAF Materials 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: Delaware 3. The date of its organization is: 09/29/2015 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 Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 Zip Code City/Town State Warwick 02888 RHODE ISLAND 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Manufacture and sale of roofing materials 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 JAN 2 8 2025 BY 67348 1203 KY

FILED

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 Campus Drive, Parsippany, NJ 07054		
8. The mailing address for the limited liability company is:		
P.O. Box 6210 Parsippany, NJ 07054		
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 <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		
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
GAF Materials LLC		01/01/2025
Signature of Authorized Person		
Matthew Concar		

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GAF MATERIALS 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 EIGHTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAF MATERIALS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2015.

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

Authentication: 202643435

Date: 01-08-25

5837755 8300

SR# 20250060711
You may verify this certificate online at corp.delaware.gov/authver.shtml