



State of Rhode Island  
Department of State - Business Services Division

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### 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:		
Storm Asset Management, 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: <span style="margin-left: 100px;">New Hampshire</span>		
3. The date of its organization is: <span style="margin-left: 100px;">10/4/1973</span>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<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:		
Agent Name <span style="margin-left: 20px;">Charles N. Redihan, Jr</span>		
Street Address ( <u>NOT</u> a P.O. Box) <span style="margin-left: 20px;">146 Westminster Street, 5th Floor</span>		
City/Town	State	Zip Code
Providence	RHODE ISLAND	02903
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Interstate Trucking		
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

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**FILED**  
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**BY WNAIC**  
*[Signature]*

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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:

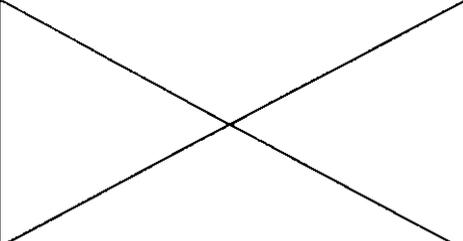
38B South Road, Hampton NH 03862

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

38B South Road, Hampton NH 03862

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
	Frank Roberts	237 Albany Street, Springfield, MA 01105

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 Storm Asset Management, LLC	Date 11/31/2025
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Signature of Authorized Person  


# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that STORM ASSET MANAGEMENT, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on October 09, 1973. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned, and the attached is a true copy of the list of documents on file in this office

Business ID: 19918

Certificate Number: 0007037090



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 31st day of January A.D. 2025

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State