RI SOS Filing Number: 202568305670 Date: 3/26/2025 12:02:00 PM



## **Amendment to Application for Registration**

FOREIGN Limited Liability Company

| → Filing Fee: \$50.00  | ·   | •        |
|--|---|----------|
|  | 7-16-52 the undersigned foreign limited liability company hereby cate of Registration to transact business in the state of submits the following statement: |          |
| 1. Entity ID Number:   | 2. The name of the limited liability company is:  |          |
| 001769974  | FAIRWAY ARCHITECTURAL RAILING SOLUTIONS   | S, LLC   |
| 3. If the entity's name is changing, state the new name:   | Fairway Aluminum Solutions, LLC   |          |
|  | Check the box to indicate no  | change 🔲 |
| 3a. The entity's name, if different, under which it proposed to register transact business in Rhode Island |   |          |
|  | inged in the home state, complete the following section: CHECK ONE BOX C  | NLY      |
| Perpetual (on-going)   |   |          |
| Date certain for dissolution   | Check the box to indicate no  | change 🚺 |
| 5. If the required address of the offi<br>the following section:   | fice to be maintained in the state or country of its organization has changed, o  | complete |
|  | Check the box to indicate no  | change 🚺 |
| 6. If the mailing address is changing  | ng complete the following section:  |          |
|  | Check the box to indicate no  |          |
| 7. If the entity's purpose is changing transacted in the State of Rhode Island                             | ng complete the following section: "The new purpose should include ALL ectivity is defined."  | lo be    |
|  |   |          |
|  |   |          |
| I  |   |          |

MAIL TO:

Division of Business Services

Check the box to indicate an attachment

148 W. River Street, Providence, Rhode Island 02904-2615

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

Check the box to indicate no change

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| · ·  |                                   |              |  |  |
|--|-----------------------------------|--------------|--|--|
| 8. If the management structure has changed, complete the following section:  |                                   |              |  |  |
| The Limited Liability Company is t   | be managed by: CHECK ONLY ONE BOX |              |  |  |
| Its member(s) (If you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.)   |                                   |              |  |  |
| One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)                              |                                   |              |  |  |
| MANAGER  | ADDRESS                           |              |  |  |
|  |                                   |              |  |  |
|  |                                   |              |  |  |
|  |                                   |              |  |  |
|  |                                   |              |  |  |
| Check the box to indicate no change  |                                   |              |  |  |
| 9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.   |                                   |              |  |  |
| 10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration. |                                   |              |  |  |
| 11. Date when this Amendment to the Application for 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 Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.         |                                   |              |  |  |
| Type or Print Name of Limited Liability Company Date   |                                   |              |  |  |
| Fairway Aluminum Solutions, LLC  |                                   |              |  |  |
| Signature of Avy orized Person   |                                   |              |  |  |
|  |                                   | <del>.</del> |  |  |

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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:

March 26, 2025 12:02 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

