



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
MAR 29 2025  
BUSINESS SERVICES DIVISION  
STATE OF RHODE ISLAND

## 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:

ALP SUPPLY CO 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: 8/29/2024

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 C T Corporation System

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

City/Town East Providence

State RHODE ISLAND

Zip Code 02914

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Sale of Nicotine Flavored Products

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

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FORM 450 - Revised 12/2023

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:

3109, Grand Avenue Unit 537, Miami, FL 33133

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

3109, Grand Avenue Unit 537, Miami, FL 33133

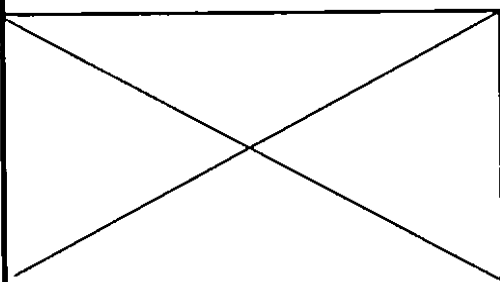
9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

Members (Owners)

OR

☒ Manager(s). Complete the chart below.

**DO NOT** complete the chart below.

	MANAGER(S) NAME	ADDRESS
	Lorenzo De Plano	555 South Barrington Avenue Unit 312 Los Angeles CA 90049
	Faizaan Baig	3135 Ohio Street, Miami, FL 33133

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

ALP Supply Co. LLC

Date

03/25/25

Signature of Authorized Person



# Delaware

The First State

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALP SUPPLY CO, 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 TWENTY-SIXTH DAY OF MARCH, A.D. 2025.

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



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SR# 20251242344

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203275751

Date: 03-26-25