



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:

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
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|   |                    |                |
|---|--------------------|----------------|
| 1. The name of the limited liability company is:  |                    |                |
| Adaptive Plumbing & Heating 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: Massachusetts  |                    |                |
| 3. The date of its organization is: 03/15/2022  |                    |                |
| And the period of its duration is: CHECK ONE BOX ONLY   |                    |                |
| <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 Len Petruska   |                    |                |
| Street Address (NOT a P.O. Box) 1343 Hartford Avenue  |                    |                |
| City/Town Johnston  | State RHODE ISLAND | Zip Code 02919 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:<br>Plumbing and heating  |                    |                |
| 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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|   |                    |                                    |
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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:<br>10 Howard St. Blackstone, MA 01504   |                    |                                    |
| 8. The mailing address for the limited liability company is:<br>10 Howard St. Blackstone, MA 01504  |                    |                                    |
| 9. Management of the Limited Liability Company: <b>CHECK ONE BOX ONLY</b>   |                    |                                    |
| <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> Members (Owners)<br/>DO NOT complete the chart below.         </div> <div style="width: 10%; text-align: center;">OR</div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Manager(s). Complete the chart below.         </div> </div> |                    |                                    |
|   | MANAGER(S) NAME    | ADDRESS                            |
|   | Kurtis Paterson    | 10 Howard St. Blackstone, MA 01504 |
|   |                    |                                    |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |                                    |
| 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: <b>CHECK ONE BOX ONLY</b>   |                    |                                    |
| <input checked="" type="checkbox"/> Date received (Upon filing)   |                    |                                    |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____   |                    |                                    |
| <i>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.</i>  |                    |                                    |
| Type or Print Name of LLC<br>Adaptive Plumbing & Heating LLC  | Date<br>04/11/2025 |                                    |
| Signature of Authorized Person  |                    |                                    |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



William Francis Galvin  
Secretary of the  
Commonwealth

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

March 14, 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

**ADAPTIVE PLUMBING & HEATING LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **March 15, 2022.**

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: **KURTIS A PATERSON**

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

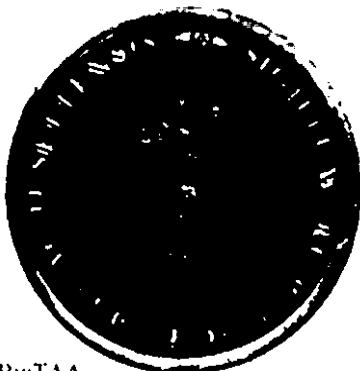
I also certify that the names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.



*William Francis Galvin*

Secretary of the Commonwealth

Processed By:TAA



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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:

April 11, 2025 12:21 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized.

Gregg M. Amore  
*Secretary of State*

