



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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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: <u>BRODIE BUILDERS LLC</u>		
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: <u>Connecticut</u>		
3. The date of its organization is: <u>9/6/2024</u>		
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 <u>RI BUILDERS ASSOCIATION</u>		
Street Address (NOT a P.O. Box) <u>450 Veterans Memorial Pkwy. #301</u>		
City/Town <u>East Providence</u>	State <u>RHODE ISLAND</u>	Zip Code <u>02914</u>
5 The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: <u>Construction</u>		
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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BY CJ192

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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:

187 FireTower Rd. Pomfret Center CT, 06254

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

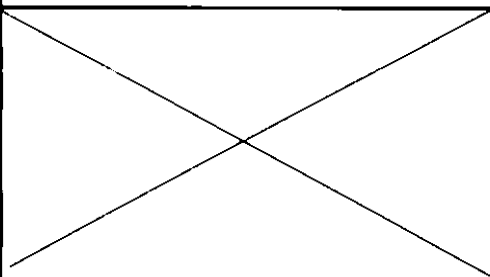
187 FireTower Rd. Pomfret Center CT, 06254

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

☒ Members (Owners)
DO NOT complete the chart below.

OR

☐ Manager(s). Complete the chart below.

	MANAGER(S) NAME	ADDRESS

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

BRODIE BUILDERS LLC

Date

4/30/2025

Signature of Authorized Person

J. Brodie

RI DOS MADE EDITS PER FILER

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, April 28, 2025 5:53 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name // Brodie Builders LLC
Business ALEI // US-CT/BER:3066078
Formation Date // 09/06/2024



Secretary of the State

Business ALEI: US-CT.BER:3066078

Note: To verify this certificate, visit [Business.ct.gov](https://business.ct.gov)

Certificate Number: C-00167409



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:

May 14, 2025 09:38 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

