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State of Rhode Island
Department of State - Business Services Division

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FOR SECRETARY OF STATE USE ONLY

Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:	2. The name of the limited liability company is.
558169	Kotler-Levine Rhode Island Venture, LLC

3. If the entity's name is changing, state the new name:

Check the box to indicate no change ☑

3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:

4. If the period of duration has changed in the home state, complete the following section: **CHECK ONE BOX ONLY**

☐ Perpetual (on-going)

☐ Date certain for dissolution _____

Check the box to indicate no change ☑

5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section:

Check the box to indicate no change ☑

6. If the mailing address is changing complete the following section:

Check the box to indicate no change ☑

7. If the entity's purpose is changing complete the following section: **The new purpose should include **ALL** activity to be transacted in the State of Rhode Island.*

Check the box to indicate an attachment ☐

Check the box to indicate no change ☑

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 JJ745

FORM 451 - Revised: 12/2023

8. If the management structure has changed, complete the following section:

The Limited Liability Company is to 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
Sandra K Levine	13 Brookfield Rd Andover, MA 01810
Stephen H. Levine	13 Brookfield Rd Andover MA 01810
Jeremy R Levine	38 Oxford Place Glen Rock NJ 07452
Matthew A Levine	Unit 2201 Box 2508 DPO AE 09924-2508 USA

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
Kotler-Levine Rhode Island Venture, LLC	5-16-2025

Signature of Authorized Person

Sandra K Levine

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.

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 19, 2025 02:08 PM

Gregg M. Amore
Secretary of State