RI SOS Filing Number: 202574222040 Date: 6/5/2025 12:19:00 PM



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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RIDOS 850 5 PM 12: 19:32	

Pursuant to the provisions of RIGL <u>7-16-4</u> applies for a Certificate of Registration to purpose submits the following statement:	transact business in the State of	• • •	_ ,,,,,,
1. The name of the limited liability compa	any is:		
	T3 EXPO, LLC		
Is this company organized in its state or	country of formation as a low-p	rofit limited liability company? Yes N	o xx
The name, if different, under which it pro	poses to register and transact t	business in Rhode Island is:	
2. The LLC is organized under the laws of: MASSACHUSETTS			
3. The date of its organization is: SEPTE	MBER 10, 2009		
And the period of its duration is: CHECK	ONE BOX ONLY		
Perpetual (on-going)			
Date certain for dissolution		<u>.</u>	
4. The name and address of the resident	t agent/office in Rhode Island is	:	
Agent Name CORPORATION SERVICE	COMPANY		
Street Address (NOT a P.O. Box) 222 JE	Street Address (NOT a P.O. Box) 222 JEFFERSON BOULEVARD, SUITE 200		
City/Town WARWICK	State RHODE ISLAND	Zip Code 02888	
5. The purpose or purposes which it prop	poses to pursue in the transaction	on of business in Rhode Island are:	
TO PROVINE SERVICES RELATED TO	TOADE CHOMIC AND EVENIT	re	
TO PROVIDE SERVICES RELATED TO TRADE SHOWS AND EVENTS			
		Check the box to indicate an attachme	ent 🔲
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MAIL TO:

Division of Business Services

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

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

FORM 450 - Revised

		ted liability company for service of process if, at ound or served following the exercise of reasonable		
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:				
8 LAKEVILLE BUSINESS PARK, UNIT 1, LAKEVILLE, MA 02347				
8. The mailing address for the limited liat 8 LAKEVILLE BUSINESS PARK, UNIT	• • •			
9. Management of the Limited Liabi ity C	ompany: CHECK ONE BOX C	NLY		
Members (Owners) OR Manager(s). Complete the chart below.				
	MANAGER(S) NAME	ADDRESS		
	See Attached	See Attached		
		Check the box to indicate an attachment		
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: 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 all accompanying attachments, and that all	ffirm that I have examined this statements contained herein a	Application for Registration, including any re true and correct.		
Type or Print Name of LLC		Date Chal		
T3 EXPO, LLC		5/13/2-		
Signature of Authorized Person	_			

State of Rhode Island

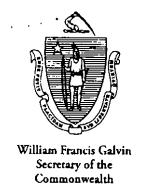
Department of State - Business Services Division

Application for Registration

Attachment

9. Management of the Limited Liability Company:

Managers Name	Address
Christopher Valentine	8 Lakeville Business Park, Unit 1, Lakeville, MA 02347
Nathaniel L. Derby	8 Lakeville Business Park, Unit 1, Lakeville, MA 02347
Christopher D. Young	8 Lakeville Business Park, Unit 1, Lakeville, MA 02347



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

May 30, 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

T3 EXPO, LLC

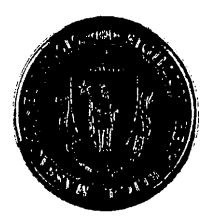
in accordance with the provisions of Massachusetts General Laws Chapter 156C on September 10, 2009.

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:
NATHANIEL L. DERBY, CHRISTOPHER VALENTINE, CHRISTOPHER D. YOUNG

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: NATHANIEL L. DERBY, CHRISTOPHER VALENTINE, CHRISTOPHER D. YOUNG

I also certify that the names of all persons authorized to act with respect to real property listed in the most recent filing are: NATHANIEL L. DERBY, CHRISTOPHER VALENTINE, CHRISTOPHER D. YOUNG



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galecin

Processed by: BOD

QC by: TAP

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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:

June 05, 2025 12:19 PM

Gregg M. Amore Secretary of State

Treg M. Coure

