



State of Rhode Island  
Department of State - Business Services Division

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**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:		
EIP Quonset 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: Delaware		
3. The date of its organization is: 12/19/2024		
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 Resident Agent Solutions, Inc.		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
<p>The general character of the business of the Company is to engage in any and all lawful activities for the benefit of its members, including, without limitation, to own, operate, manage, lease, develop, improve, subdivide, convert to the condominium form of ownership, finance, refinance and otherwise deal in and with real property of every kind and description and related personal property of every kind and description, and to invest in, operate and manage limited liability companies, partnerships, limited partnerships, corporations, trusts, and joint ventures that may be involved in any of such activities and such other activities as are necessary, incidental, appropriate or desirable in connection therewith, and the Managers are authorized on behalf of the Company, to execute, acknowledge, negotiate and deliver all instruments, contracts, agreements and documents necessary to pursue</p>		
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

FILED

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BY MIYTR  
*[Signature]*

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:

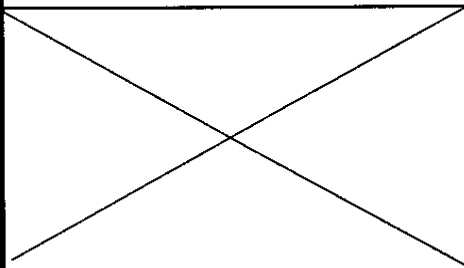
c/o EIP Manager Corp., 20 Pickering Street, 2nd Floor, Needham, MA 02492

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

c/o EIP Manager Corp., 20 Pickering Street, 2nd Floor, Needham, MA 02492

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
	EIP Manager Corp.	20 Pickering Street, 2nd Floor Needham, MA 02492

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 EIP Quonset LLC	Date
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Signature of Authorized Person By: EIP Manager Corp., its Manager  
By: /s/ Bruce Levine  
its President, Vice President and  
Assistant Treasurer

# Delaware

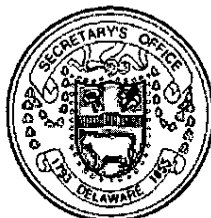
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The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EIP QUONSET 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 SECOND DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EIP QUONSET LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2024.

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



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SR# 20251966396

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

*C. P. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203597875

Date: 05-02-25