



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00 - - -

REC'D RIDOS BSD
25 MAY 19 PM 2:10:24

RECEIVED
SECRETARY OF STATE
CORPORATIONS PRECEIVED
R.I. DEPT. OF STATE
2025 MAR 11 AM 8:34 SVCS DIV
2025 JUN -9 A 11:52

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:

46-14 LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒

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: New York

3. The date of its organization is: 6-3-2008

And the period of its duration is: CHECK ONE BOX ONLY

☒ Perpetual (on-going)

☐ Date certain for dissolution

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name DINO CIARNIELLO

Street Address (NOT a P.O. Box) 354 ORCHARD WOODS DRIVE

City/Town SAUNDERSTOWN

State RHODE ISLAND

Zip Code 02874

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

RESIDENTIAL RENTAL REAL ESTATE

Check the box to indicate an attachment ☐

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

RI DOS MADE EDITS PER FILER

BY Om4W
2025
FORM 450, Revised 12/2023

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:

354 ORCHARD WOODS DRIVE SAUNDERSTOWN RI 02874

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

354 ORCHARD WOODS DRIVE SAUNDERSTOWN RI 02874

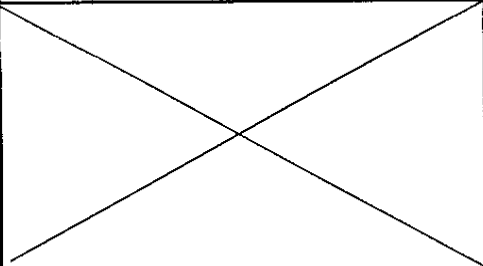
9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

☒ Members (Owners)

OR

☐ Manager(s). Complete the chart below.

DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS

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.

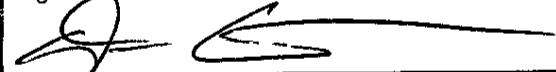
Type or Print Name of LLC

46-14 LLC

Date

03/03/2025

Signature of Authorized Person



STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: 46-14 LLC
DOS ID Number: 3679522
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 06/03/2008

Statement Status: CURRENT
Statement Due Date: 06/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on May 01, 2025 at 12:32 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.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:

June 09, 2025 11:52 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

