

# **Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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REC'D RIDOS BSD	د

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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 compa	any is:			
Providence Self Storage LLC				
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X				
The name, if different, under which it pro	poses to register and transact t	ousiness in Rhode Island is:		
2. The LLC is organized under the laws of:  Massachusetts				
3. The date of its organization is: 6/28/2022				
And the period of its duration is: CHECK ONE BOX ONLY				
X Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident	t agent/office in Rhode Island is	:		
Agent Name C T Corporation System				
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
To own and operate self-storage facilities.				
-				
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 FILED | 4

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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:				
1900 Crown Colony Drive, Suite 405, Quincy, MA 02169				
8. The mailing address for the limited liability company is:				
1900 Crown Colony Drive, Suite 405, Quincy, MA 02169				
9. Management of the Limited Liability C	ompany: CHECK ONE BOX OF	NLY		
Members (Owners)  OR  X  Manager(s). Complete the chart below.  DO NOT complete the chart below.				
	MANAGER(S) NAME	ADDRESS		
	Babar LLC	1900 Crown Colony Drive, Suite 405 Quincy, MA 02169		
		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				
X 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		Date 3 /9 /2 C		
Providence Self Storage LLC		8/2/52		
Signature of Authorized Person  Jay O. Hirsh				



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

## August 8, 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

### PROVIDENCE SELF STORAGE LLC

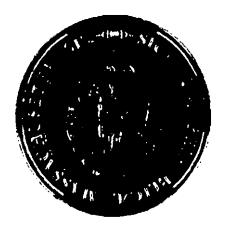
in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 28, 2022.

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: BABAR LLC

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: BABAR LLC, JAY O HIRSH

I also certify that the names of all persons authorized to act with respect to real property listed in the most recent filing are: JAY O HIRSH



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 Tranino Gallein

Processed by: TAA

QC by: \_\_\_\_\_\_