State of Rhode Island
Department of State - Business Services Division

RECD RI SOS '25 OCT 6 P1:21
STAMP
SECRETARY OF STATE USE ONLY

Certificate of Correction

Limited Liability Company

→Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the limited liability company is:
001735588	Blue Door Mortgage, LLC

3. The document to be corrected is:

The Certificate and listing of The Domestic Limited Liability Company with the state of RI.

4. The name of the individual(s) who signed the document being corrected is:

Jonathan White

5. The date the document being corrected was originally filed on:

02-02-2022

6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:

Blue Door Mortgage was incorrectly listed with the state of RI as a Domestic Liability Company.

Check the box to indicate an attachment ☐

7. The new corrected portion of the document states as follows:

Blue Door Mortgage should be listed a Foreign Liability Company as its main headquarters are in Massachusetts.

Check the box to indicate an attachment ☐

8. As required by RIGL 7-16-67, the entity has paid all fees and taxes.

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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OCT 6 2025
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BY RT7J7

FORM 403 - Revised: 12/2023

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.		
Name of Authorized Person Jonathan White	Street Address 79 Oak Street	
City/Town Newton	State MA	Zip Code 02464
Signature of Authorized Person		Date 10-02-2025

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 - Business Services Division

RECD RIDOS 25 OCT 6 PM 2:54:26

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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:

Blue Door Mortgage, 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:

Blue Door Mortgage

2. The LLC is organized under the laws of: Massachusetts

3. The date of its organization is: 10-04-2006

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: Registered Agents Inc.

Street Address (NOT a P.O. Box): 47 Wood Avenue, Suite2

City/Town	State	Zip Code
Barrington	RHODE ISLAND	02806

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

Licensed Mortgage Broker

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
OCT 6 2025
BY RTJ

STAMP
FOR SECRETARY OF STATE USE ONLY

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:

79 Oak Street, Newton, MA 02464

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

79 Oak Street, Newton, MA 02464

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
	Jonathan White	79 Oak St Newton, MA 02464

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	Date
Blue Door Mortgage, LLC	10-01-2025

Signature of Authorized Person

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.

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

September 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

BLUE DOOR MORTGAGE, LLC

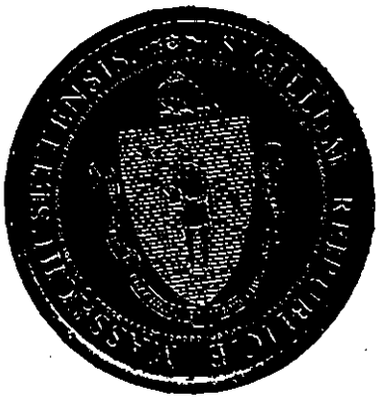
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **October 4, 2006.**

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: **JONATHAN WHITE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JONATHAN WHITE**

I also certify that the names of all persons authorized to act with respect to real property listed in the most recent filing are: **JONATHAN WHITE**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed by: KM

QC by: _____

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:

October 06, 2025 02:54 PM

Gregg M. Amore
Secretary of State