Filing Fee: \$150.00

ID Number:	,
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

			F
	APPLICATION	FOR REGISTRATION	
eign limited	he provisions of Section 7-16-49 of the G d liability company hereby applies for a Ce or that purpose submits the following stater	ertificate of Registration to transact be	is amended, the undersigned usiness in the state of Rhode
	e of the limited liability company is: NTY HOMES, LLC		
The name	e, if different, under which it proposes to re	gister and transact business in Rhod	e Island is:
	ed liability company is organized under the		
The date	of its organization is <u>oot</u> . 25,	2005	**
The perio	od of duration of the limited liability compar		
	ress of the limited liability company's reside		
	OADWAY, SUITE A	PAWTUCKET	.R) 02860
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)
and the r	name of the resident agent at such addres	s is R.J. CONNELLY III, ESQUIRE	ţ
		(Name of Age	•
The secretime there	retary of state is appointed the agent of the resident agent or if the resident agent or if the resident agent.	ne foreign limited liability company for ent cannot be found or served followi	or service of process If at any ing the exercise of reasonable
ilmited lia	lress of any office required to be maintai ability company is organized is:	·	under the laws of which the
340 WES	THAMES STREET, NORWICH, CT 063	60	
. The mail	ling address for the limited liability compan	y is:	
340 WES	ST THAMES STREET, NORWICH, CT 063	160	
<u> </u>			
		FILED 12	245 £5
orm No. 450			• I - OI
Revised: 12/05	5	DEC 15 2007	
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10.	Management of the Limited	Liability Company:	
A.	The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.)		
		<u>or</u>	
В.	The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name an address of each manager.)		
	<u>Manager</u>	Address	
_			
_			
11. Th	nis application is accompanied thorized officer of the jurisdic	d by a certificate of good standing duly authenticated by the secretary of state or other tion under which the foreign limited liability company was organized. 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.	
Date	12/04/2007	TRI-COUNTY HOMES, LLC	
		Print Exact Name of Limited Liability Company Making Application By Washer	

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

TRI-COUNTY HOMES, LLC

a domestic limited liability company, were filed in this office on October 28, 2005.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

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Cum Bijnewicz

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

