RI SOS Filing Number: 202220689430 Date: 7/1/2022 10:54:00 AM

State of Rhode Island  Department of State - Business Services Division	1811
Application for Registration FOREIGN Limited Liability Company	אר -
→ Filing Fee: \$150.00	<i>-</i> →
Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability companying for a Continue of Parister of	pany hereby 🧔

purpose submits the following statement:	the State of Rhode Island, and	for that	
The name of the limited liability company is:			
INTELLIVESTMENTS 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: MASSACHU	JSETTS		
3. The date of its organization is: 01/08/2020	·		
And the period of its duration is: CHECK ONE BOX ONLY			
Perpetual (on-going)			
Date certain for dissolution		<u>.</u>	
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name NORTHWEST REGISTERED AGENT, LLC			
Street Address (NOT a P.O. Box) 47 WOOD AVE, SUITE 2			
City/Town BARRINGTON	State RHODE ISLAND	Zip Code 02806	
5. The purpose or purposes which it proposes to pursue in the THE PURPOSE OF THE LLC IS TO PURCHASE P			
	Check the box	c to indicate an attachmer.	

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

JUL 0 1 2022

A A FORMED Revised: 12/2021

<ol><li>The RI Department of State is appointe any time, there is no resident agent or if the diligence.</li></ol>	ed the agent of the foreign limited liability company he resident agent cannot be found or served follow	for service of process if, at ring the exercise of reasonable		
<ol><li>The address of the office required to be if not so required, of the principal office of</li></ol>	e maintained in the state or country of its organizati the foreign limited liability company is:	on by the laws of that state or,		
2 HAVEN STREET, #301, READIN	IG, MA 01867			
8. The mailing address for the limited liabi	lity company is:			
2 HAVEN STREET, #301, READIN				
9. Management of the Limited Liability Co.	mpany:			
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
By its members (If you have checked this box, DO NOT fill out the chart below)				
✓ By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
CHRISTOPHER HALEY	2 HAVEN STREET, #301, READING, MA 01867			
JARED MORIN	2 HAVEN STREET, #301, READING, MA 01867			
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 Certifica	te of Registration will be effective: CHECK ONE B	OX ONLY		
✓ Date received (Upon filing)				
Later effective date (Date must be no	<del>- 1</del>			
Under penalty of perjury, I declare and affir accompanying attachments, and that all st	rm that I have examined this Application for Regist atements contained herein are true and correct.	ration, including any		
Type or Print Name of LLC		Date		
INTELLIVESTMENTS, LLC		07/01/2022		
Signature of Authorized Person Had	ly			



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

June 24, 2022

## TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

## INTELLIVESTMENTS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 8, 2020.

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: JARED MORIN, CHRISTOPHER HALEY

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: JARED MORIN, CHRISTOPHER HALEY

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JARED MORIN, CHRISTOPHER HALEY

In testimony of which,

I have hercunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Gallein

Processed By:NGM

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I, NELLIE M. GORBEA, 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:

July 01, 2022 10:54 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

