

STATE OF RHODE ISLAND
Department of Administration
State Properties Committee
One Capitol Hill
Providence, RI 02908

CERTIFICATION OF DISCLOSURE OF LIMITED LIABILITY COMPANY

The undersigned hereby certifies to the State Properties Committee under oath that _____, LLC is a limited liability company authorized by the Secretary of State to conduct business in Rhode Island and that the following information is true and accurate:

Business address: _____

Agent for Service: _____
(Name) (Address)

Member(s): _____
(Name) (Address)

(Name) (Address)

(Name) (Address)

The property under consideration for purchase or lease covered by this certificate is identified as:

48-50 Orms St. Providence, RI 02904

IN WITNESS THEREOF, I hereby set my hand this ____ day of _____, 2026

(Member)

STATE OF RHODE ISLAND
COUNTY OF _____

Signed and sealed before me in the City/Town of _____ on this ____ day of _____, 2026.

NOTARY PUBLIC
My commission expires: