CERTIFICATE OF AUTHORITY (LIMITED LIABILITY COMPANY)

I,	;	certify	that	Ι	am	the
	of					,
LLC, the limited liability compa	ny described	in and w	hich exe	cuted t	the fore	going
instrument with the State of Rh	ode Island;	that said	limited 1	iability	compa	ny is
organized under the laws of the Sta	ate of Rhode	Island; that	the limit	ed liab	ility com	ıpany
seal affixed to said instrument i	is the seal of	of said lin	nited liab	ility co	ompany;	; that
	W	ho execu	ited sai	d ins	strument	as
	of	said limi	ted liabil	ity cor	npany i	s the
	of	said limite	ed liabilit	y comj	pany and	d has
been duly authorized to execute	said instrum	nent in be	half of s	aid lin	nited lia	bility
company; that I know the signatu	re of said _			,	and that	at the
signature affixed to such instrumen	t is genuine.					

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the limited liability company seal of said limited liability company, this _____ day of _____2020.

Secretary

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS 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:

Agent for Service:		
8	(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:

2 Testa Circle, Scituate, RI

IN WITNESS THEREOF, I hereby set my hand this _____ day of _____, 2020.

(Member)

STATE OF RHODE ISLAND COUNTY OF _____

Signed and sealed before me in the City/Town of ______ on this _____ on this _____ day of ______, 2020.

NOTARY PUBLIC My commission expires: