RI SOS Filing Number: 201873971840 Date: 8/7/2018 1:29:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

8 AUG -7	SECRETARY OF SECRE
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The name of the limited liability company is:	<u> </u>	2		
Ankura Consulting Group LLC				
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X				
The name, if different, under which it proposes to register and transact business in Rhode Island is:				
The LLC is organized under the laws of:  Delaware				
3. The date of its organization is: 11/24/2014				
And the period of its duration is: CHECK ONLY ONE BOX				
X Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident agent/office in Rhode Island is:				
Agent Name C T Corporation System				
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence,	State RHODE ISLAND	Zip Code 02914		
	KIIODE ISEANS	i		
<ol> <li>The Department of State is appointed the agent of the foreitime there is no resident agent or if the resident agent cannot diligence.</li> </ol>	I ign limited liability company fo	r service of process if at any the exercise of reasonable		
time there is no resident agent or if the resident agent cannot	I ign limited liability company fo be found or served following	the exercise of reasonable		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

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7. The mailing address for the limited liability company is:				
1220 19th Street, NW, Suite 700, Washington, DC 20036				
8. Management of the Limited Liability Company:				
The limited liability company is managed:				
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)				
By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
-				
		-		
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.				
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX				
□ Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the day 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		
Ankura Consulting Group LLC		August 1, 2018		
Signature of Authorized Person  Shannan Alan				



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANKURA CONSULTING GROUP, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203202163

Date: 08-07-18

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SR# 20186046109

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I, NELLIE M. GORBEA, 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:

August 07, 2018 01:29 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

