

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Application for Registration Foreign Limited Liability Company Filing Fee: \$150.00 SECRETARY OF STATE CORPORATIONS DIV

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:

1. The name of the limited liability company is:						
Indirect Auto Solutions, LLC						
Is this company organized in its state of	or country of format	ion as a low-prof	it limited liability company? Yes 🔲 No 🔀			
The name, if different, under which it pro	poses to register an	d transact busin	ess in Rhode Island is:			
2. The LLC is organized under the laws of:		New Hampshire				
3. The date of its organization is:	The date of its organization is:		12/24/2009			
And the period of its duration is: CHECK ONLY ONE BOX						
✓ Perpetual (on-going)						
Date certain for dissolution						
4. The name and address of the resident	agent/office in Rho	de Island is:				
Agent Name Thomas W. Lyons, III						
Street Address (NOT a P.O. Box) Strauss, Factor, Laing & Lyons; One Davol Square; Suite 305						
City/Town Providence	State RHODE ISLAND		Zip Code 02903			
The Department of State is appointed t time there is no resident agent or if the re diligence.			ty company for service of process if at any ved following the exercise of reasonable			
6. The address of any office required to b limited liability company is organized is:	e maintained in the	state or other ju	risdiction under the laws of which the			
100 Borthwick Avenue; Portsmo	outh, NH 03801					

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Form No 450 Revised, 2016

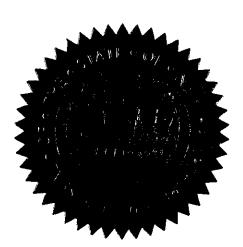
7. The mailing address for the limited liabi	lity company is:				
100 Borthwick Avenue; Portsmo	uth, NH 03801				
8. Management of the Limited Liability Co	mpany:				
The limited liability company is managed:					
By its members (If you have checked	this box, go to Section	on 9. (DO NOT fill out the chart below.)			
By one (1) or more managers (List managers)	anagers below)				
MANAGER	ADDRESS				
Thomas J. Weaver	100 Borthwick Avenue; Portsmouth, NH 03801				
Timothy J. Collia	100 Borthwick	0 Borthwick Avenue; Portsmouth, NH 03801			
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 f	rom the day of filing)			
Under penalty of perjury, I declare and affile accompanying attachments, and that all st			luding any		
Signature of Authorized Person		Type or Print Name of LLC	Date		
SIGN DOP CHARNT H	ERE	Indirect Auto Solutions, LLC	4/21/16		

if you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Indirect Auto Solutions, LLC is a New Hampshire limited liability company formed on December 24, 2009. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 21st day of April, A.D. 2016

William M. Gardner Secretary of State