



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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 JUL -5 PM 12:04

Pursuant to the provisions of RIGL 7-16-49, 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:                                                                                                                                                                                                               |              |          |
| KD Connecticut Adjusters, LLC                                                                                                                                                                                                                                  |              |          |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                             |              |          |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:                                                                                                                                                          |              |          |
| Frontier Adjusters of East Providence, RI                                                                                                                                                                                                                      |              |          |
| 2. The LLC is organized under the laws of:                                                                                                                                                                                                                     |              |          |
| Connecticut                                                                                                                                                                                                                                                    |              |          |
| 3. The date of its organization is:                                                                                                                                                                                                                            |              |          |
| April 7, 2004                                                                                                                                                                                                                                                  |              |          |
| And the period of its duration is: CHECK ONLY ONE BOX                                                                                                                                                                                                          |              |          |
| <input checked="" type="checkbox"/> Perpetual (on-going)                                                                                                                                                                                                       |              |          |
| <input type="checkbox"/> Date certain for dissolution _____                                                                                                                                                                                                    |              |          |
| 4. The name and address of the resident agent/office in Rhode Island is:                                                                                                                                                                                       |              |          |
| Agent Name                                                                                                                                                                                                                                                     |              |          |
| Christopher Mancini                                                                                                                                                                                                                                            |              |          |
| Street Address (NOT a P.O. Box)                                                                                                                                                                                                                                |              |          |
| 41 Plymouth Rd                                                                                                                                                                                                                                                 |              |          |
| City/Town                                                                                                                                                                                                                                                      | State        | Zip Code |
| North Providence                                                                                                                                                                                                                                               | RHODE ISLAND | 02904    |
| 5. The Department of State is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence. |              |          |
| 6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:                                                                                               |              |          |
| 38 Hill Top Rd<br>East Haddam, CT 06423                                                                                                                                                                                                                        |              |          |

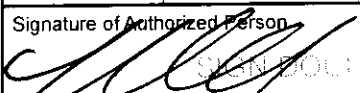
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------|
| 7. The mailing address for the limited liability company is:                                                                                                                                                                                 |                                                                            |                        |
| <i>PO Box 656</i><br><i>Moodus CT 06469</i>                                                                                                                                                                                                  |                                                                            |                        |
| 8. Management of the Limited Liability Company:                                                                                                                                                                                              |                                                                            |                        |
| The limited liability company is managed:                                                                                                                                                                                                    |                                                                            |                        |
| <input checked="" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)                                                                                                        |                                                                            |                        |
| <input type="checkbox"/> 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: <b>CHECK ONLY ONE BOX</b>                                                                                                                                  |                                                                            |                        |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                                              |                                                                            |                        |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____                                                                                                                               |                                                                            |                        |
| <i>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.</i>                         |                                                                            |                        |
| Signature of Authorized Person<br>                                                                                                                        | Type or Print Name of LLC<br><i>KD Connecticut Adjusters</i><br><i>LLC</i> | Date<br><i>6/29/16</i> |

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](mailto:corporations@sos.ri.gov).

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

KD CONNECTICUT ADJUSTERS LLC

a domestic limited liability company, were filed in this office on April 07, 2004.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



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Secretary of the State

Date Issued: June 29, 2016