



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

2011 JULY - 7 PM 2:11

## **Application for Registration FOREIGN Limited Liability Company**

→ Filing Fee: \$150.00

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:  AmCap Management 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 checked="" type="checkbox"/>	
The name, if different, under which it proposes to register and transact business in Rhode Island is:     	
2. The LLC is organized under the laws of: DE	
3. The date of its organization is: 12/10/14	
And the period of its duration is: <b>CHECK ONLY ONE BOX</b>	
<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 C T Corporation System	
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A	
City/Town East Providence,	State <b>RHODE ISLAND</b>
Zip Code 02914	
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:	
1209 Orange Street, Wilmington DE 19801	

3: 11

**FILED**

JUN 07 2017

BY 4305449

MAIL TO:

## Division of Business Services

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

Phone: (401) 222-3040

**Website:** [www.sos.vt.gov](http://www.sos.vt.gov)

7. The mailing address for the limited liability company is:

1281 E. Main Street, Stamford CT 06902

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
AmCap Incorporated	1281 East Main St. #200, Stamford CT 06902

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

*AmCap Management LLC*

Date

*6/6/17*

Signature of Authorized Person

*[Signature]*

*AmCap Management LLC*

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).

FORM 450 - Revised: 08/2016

# Delaware

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The First State

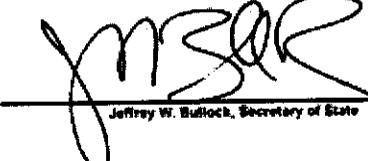
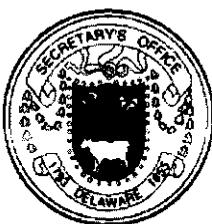
*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "AMCAP MANAGEMENT LLC" IS DULY FORMED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS  
OF THE SEVENTH DAY OF JUNE, A.D. 2017.*

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

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SR# 20174627893

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State

Authentication: 202666759

Date: 06-07-17



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea, Secretary of State**

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:

June 07, 2017 02:11 PM

Nellie M. Gorbea  
*Secretary of State*

