## **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

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ourpose submits the following statement:		<u> </u>
The name of the limited liability company is:		NO
FISCAL MANAGEMENT ASSOC	LIATES, LIC	
Is this company organized in its state or country of formation a	is a low-profit limited liability company	? Yes No 🔀
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: Ntw	YORK	
3. The date of its organization is:		
And the period of its duration is: CHECK ONE BOX ONLY		
Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhode	e Island is:	
Agent Name GINA MCDONALD		
Street Address (NOT a P.O. Box) 166 VALLEY ST BLOG 60	M SUITE 103	
City/Town PROVIDENCE	State RHODE ISLAND Zip Co	ode 0:2909
5. The purpose or purposes which it proposes to pursue in the	transaction of business in Rhode Isla	nd are.
FISCAL MANAGEMENT,	NON PROFIT	
BWINESS CONSULTIN		
	Check the box to indi	cate an attachment 📉

MAIL TO:

**Division of Business Services** 

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

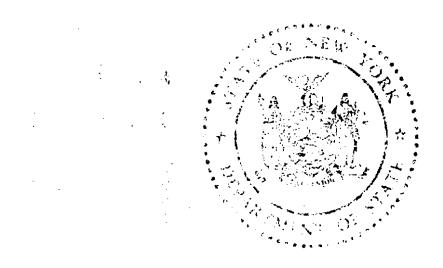
Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

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6. The RI 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.  MORE CHS LLC - IRA M RUDWITTIM	e			
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state of if not so required, of the principal office of the foreign limited liability company is:  440 PARK AVENUE SOUTH - 3RD FLR  NEW YORK NY 10016	۲,			
9. The mailing address for the limited liability company is:				
440 PARK AVENUE JOUTH - 3RD FLE				
NEW YOME NY 10016				
9. Management of the Limited Liability Company:				
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
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				
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.				
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the date 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				
FISCAL MANAGEMENT ASSOCIATES, LC 11-13-2018				
Signature of Authorized Person				
SIGN DOCUMENT HERE				

## State of New York Department of State } ss:

I hereby certify, that FISCAL MANAGEMENT ASSOCIATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/02/1999, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 19th day of October two thousand and eighteen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State