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: Riverside Assessments, LLC Is this company organized in its state or country of formation as a low-profit limited liability company? No X Yes 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: Delaware 3. The date of its organization is: 08/31/2018 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 Island is: Agent Name Capitol Corporate Services, Inc. Street Address (NOT a P.O. Box) 222 Jefferson Blvd Ste 200 City/Town State Zip Code RHODE ISLAND Warwick 02888 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: The business purpose of the Company is to engage in any lawful act or activity as determined by its sole Member including the clinical and educational assessment business.

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 27 2018 11:59 BY CU VKKPT

Check the box to indicate an attachment \

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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.		
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:		
1209 Orange Street, Wilmington, DE 19801		
8. The mailing address for the limited liability company is:		
1 Pierce Place, Suite 900W, Itasca, IL 60143		
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	
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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)		
	rm that I have examined this Application for Registr tatements contained herein are true and correct.	ation, including any
Type or Print Name of LLC		Date
Riverside Assessments, LLC		12/26/2018
Signature of Authorized Person		
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "RIVERSIDE ASSESSMENTS, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIVERSIDE ASSESSMENTS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2018.

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

Authentication: 204102233

Date: 12-14-18