



Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 MAY 16 PM 3:06

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:		
WEST GROUP LAW PLLC		
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:		
WEST GROUP LAW LLC		
2. The LLC is organized under the laws of: New York		
3. The date of its organization is: February 3, 2017		
And the period of its duration is: CHECK ONE BOX ONLY		
<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 Julie A. Foster		
Street Address (NOT a P.O. Box) 11 Winsor Lane		
City/Town Johnston	State RHODE ISLAND	Zip Code 02919
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: To practice the profession of law.		
Check the box to indicate an attachment <input checked="" type="checkbox"/>		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

3:06

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BY JOEKT2T

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:
81 Main Street, Suite 510
White Plains, NY 10601

8. The mailing address for the limited liability company is:
81 Main Street, Suite 510
White Plains, NY 10601

9. Management of the Limited Liability Company: Teno A. West, Sole Member

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 Certificate of Good Standing/Letter of Status 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 90 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.

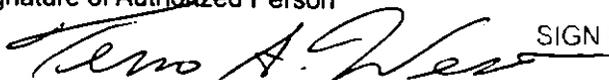
Type or Print Name of LLC

WEST GROUP LAW PLLC

Date

05/16/19

Signature of Authorized Person



SIGN DOCUMENT HERE

State of New York
Department of State } **SS:**

I hereby certify, that WEST GROUP LAW PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/03/2017, and that Professional Service 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 07th day of May
two thousand and nineteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark
Deputy Secretary of State