



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

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**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:		
Trust Healthcare Consulting Services, 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:		
Missouri		
3. The date of its organization is:		
09/14/2015		
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		
COGENCY GLOBAL INC.		
Street Address (NOT a P.O. Box)		
222 Jefferson Boulevard		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Medical coding, auditing, consulting, staffing		
Check the box to indicate an attachment <input type="checkbox"/>		

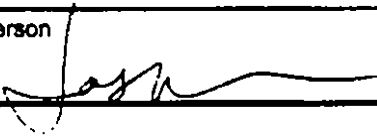
**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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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: <div style="text-align: center;">2042 S. Brentwood Blvd., Springfield, MO 65804</div>	
8. The mailing address for the limited liability company is: <div style="text-align: center;">2042 S. Brentwood Blvd., Springfield, MO 65804</div>	
9. Management of the Limited Liability Company: The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b> <input type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.) <input checked="" type="checkbox"/> By one (1) or more managers (List managers below)	
MANAGER	ADDRESS
Torrey Barnhouse	2042 S. Brentwood Blvd., Springfield, MO 65804
Cathy Brownfield	2042 S. Brentwood Blvd., Springfield, MO 65804
Josh Kerns	2042 S. Brentwood Blvd., Springfield, MO 65804
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: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date 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>	
Type or Print Name of LLC <div style="text-align: center;">Josh Kerns</div>	Date <div style="text-align: center;">6/4/19</div>
Signature of Authorized Person <div style="text-align: center;">  </div>	

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 12/2018

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

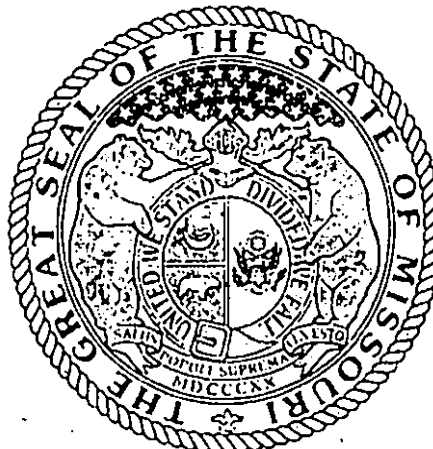
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*Trust Healthcare Consulting Services, LLC*  
*LC001461303*

was created under the laws of this State on the 14th day of September, 2015, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 16th day of April, 2019.

  
Secretary of State



Certification Number: CERT-04162019-0108

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