



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

**Application for Registration**  
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2019 SEP 11 P 12:25  
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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:  |                       |                   |
| Huron Law Group 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:   |                       |                   |
| Huron Law Group LLC   |                       |                   |
| 2. The LLC is organized under the laws of Michigan  |                       |                   |
| 3. The date of its organization is: 06/07/2010  |                       |                   |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</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<br>C T Corporation System  |                       |                   |
| Street Address (NOT a P.O. Box)<br>450 Veterans Memorial Parkway, Suite 7A  |                       |                   |
| City/Town<br>East Providence  | State<br>RHODE ISLAND | Zip Code<br>02914 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  |                       |                   |
| Providing legal services  |                       |                   |
| 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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 BY [Signature] DFSBE  
 12:25

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:

26711 Northwestern Hwy., Suite 350, Southfield, MI 48033

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

26711 Northwestern Hwy., Suite 350, Southfield, MI 48033

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  |
|--------------------|--|
| Charles N. DeGryse | 26711 Northwestern Hwy., Suite 350, Southfield, MI 48033 |
|                    |  |
|                    |  |
|                    |  |

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) \_\_\_\_\_

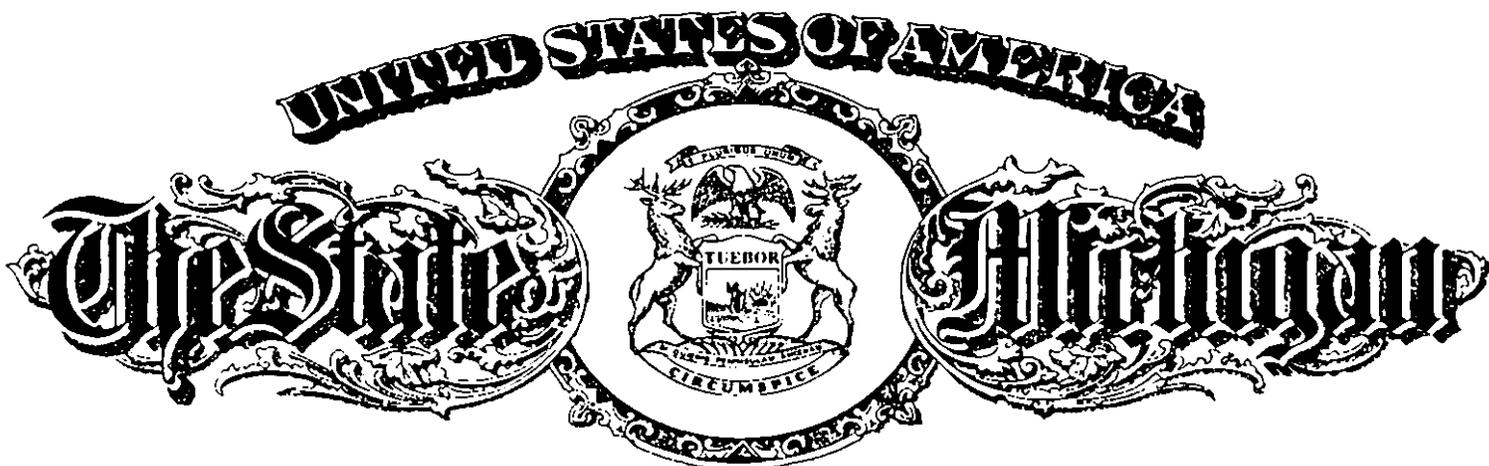
*Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

|   |                    |
|---|--------------------|
| Type or Print Name of LLC<br>Huron Law Group PLLC | Date<br>09/03/2019 |
|---|--------------------|

Signature of Authorized Person  
Tricia Belanger, Authorized Person *P Belanger* SIGN DOCUMENT HERE

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 01/2019



**Department of Licensing and Regulatory Affairs**

Lansing, Michigan

This is to Certify That  
**HURON LAW GROUP PLLC**

was validly authorized on June 7, 2010, as a Michigan DOMESTIC PROFESSIONAL LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 27th day of August, 2019.

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 19085107450



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:

September 11, 2019 12:25 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

