



RECEIVED
 STATE DEPT. OF STATE
 BUS. SVCS. DIV.
 OCT 30 AM 11 51

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:		
Compliance Systems, 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: Michigan		
3. The date of its organization is: 3/18/1993		
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 C T Corporation System		
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Compliance Systems, LLC provides financial institutions dynamic lending and deposit documents, which help ensure compliance with applicable financial rules and regulations.		
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

FILED
 OCT 30 2019
 BY Z 9A5T

A.A. 11:51 A.M.

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:

1575 Arboretum Dr. Suite 406. Grand Rapids, MI 49546

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

5910 Mineral Point Road, Madison, WI 53705

9. Management of the Limited Liability Company: CUNA Mutual Management Services, LLC

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.

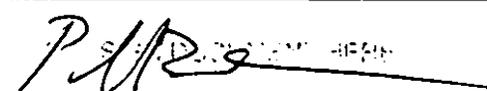
Type or Print Name of LLC

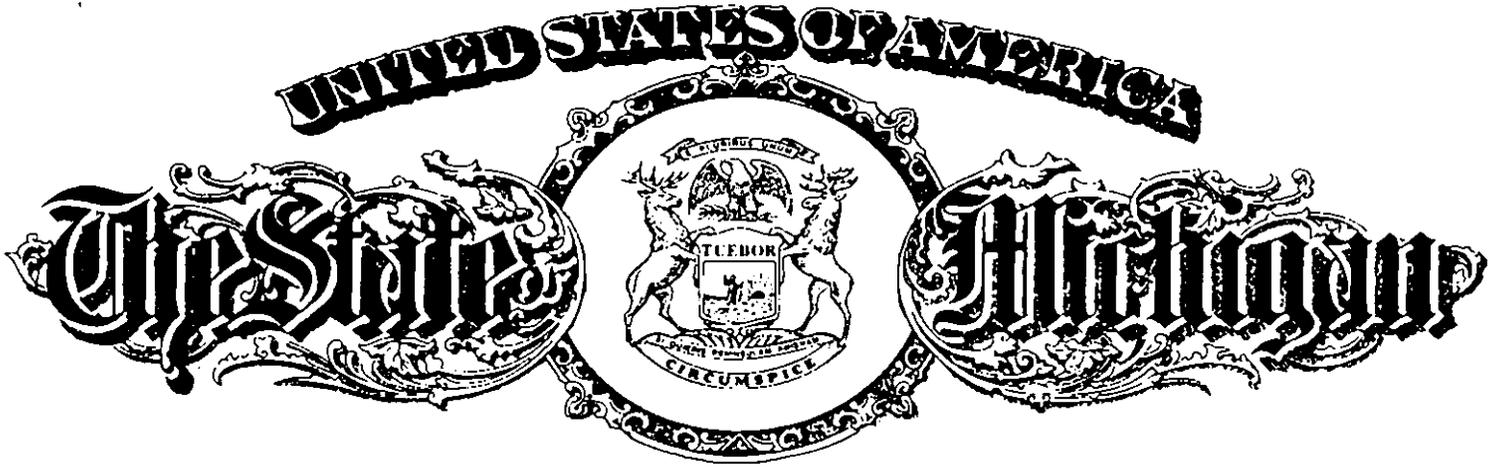
Paul D. Barbato, Secretary

Date

10/22/19

Signature of Authorized Person





Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That
COMPLIANCE SYSTEMS, LLC

was validly authorized on March 18, 1993, as a Michigan DOMESTIC 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.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
CCT 30 AM '19

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



In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 20th day of September, 2019.

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission
Certificate Number: 19095663520