



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2020 JAN 14 PM 12:14

**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:  |                           |                       |
| <b>Newfront Insurance Services, LLC</b>   |                           |                       |
| 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: <b>CA</b>  |                           |                       |
| 3. The date of its organization is: <b>05/16/2017</b>   |                           |                       |
| 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 <b>Corporation Service Company</b>   |                           |                       |
| Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>   |                           |                       |
| City/Town <b>Warwick</b>  | State <b>RHODE ISLAND</b> | Zip Code <b>02888</b> |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  |                           |                       |
| <b>To affiliate our licensed employees with the Department of Insurance, monitor their licenses, and renew licenses.</b>  |                           |                       |
|   |                           |                       |
| 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**

**JAN 14 2020**

BY HRADZ  
 12:14

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:

**101 2nd Street, Suite 525, San Francisco, CA 94105**

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

**55 2nd Street, Floor 18, San Francisco, CA 94105**

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 |
|---------|---------|
|         |         |
|         |         |
|         |         |
|         |         |

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.

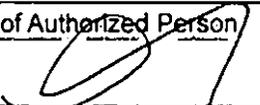
11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

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><b>Newfront Insurance Services, LLC</b> | <i>Eugene L. Poirier</i> | Date<br><b>12/23/19</b> |
|--|--------------------------|-------------------------|

Signature of Authorized Person  SIGN DOCUMENT HERE

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME: NEWFRONT INSURANCE SERVICES, LLC

FILE NUMBER: 201713610413  
FORMATION DATE: 05/16/2017  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day of  
January 8, 2020.

ALEX PADILLA  
Secretary of State



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:

January 14, 2020 12:14 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*

