



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

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R.I. DEPT. OF STATE
BUS SVCS DIV

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

2020 JUL 27 AM 11:26

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:		
XPT Partners, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒		
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: DE		
3. The date of its organization is: 08/20/2019		
And the period of its duration is: CHECK ONE BOX ONLY		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name		
Corporate Creations Network Inc.		
Street Address (NOT a P.O. Box)		
10 Dorrance Street #700		
City/Town	State	Zip Code
Providence	RHODE ISLAND	02903
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Non-resident insurance agency for profit.		
Check the box to indicate an attachment ☐		

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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FILED
JUL 27 2020
BY *[Signature]* VZFHQ

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:

1675 S State St, Ste B, Dover, DE 19901

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

50 Brewery Street, Suite 8476, New Haven, CT 06530

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
XPT Group LLC	50 Brewery Street, Suite 8476, New Haven, CT 06530
Thomas Ruggieri	50 Brewery Street, Suite 8476, New Haven, CT 06530

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

XPT Partners, LLC

Date

7/22/20

Signature of Authorized Person

Robert Crowell

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.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XPT PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XPT PARTNERS, LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7569270 8300

SR# 20206312854

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203313527

Date: 07-20-20



State of Rhode Island

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,
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:

July 27, 2020 11:26 AM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

