

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

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

Thomas P. Miller & Associates, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes

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:

3. The date of its organization is:

January 14, 2002

Indiana

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 Registered Agents Inc

Street Address (NOT a P.O. Box) 47 Wood Ave Suite 2

Barrington

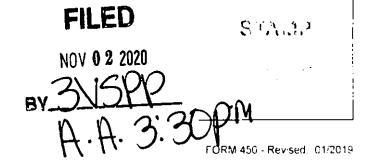
State RHODE ISLAND Zip Code 02806

No 🔽

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Planning and technical assistance for workforce strategies, grant writing and evaluation

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



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:		
1630 N. Meridian Street, Ste. 430, Indianapolis, IN, 46202, USA		
8. The mailing address for the limited liability company is:		
47 Wood Ave Suite 2 Barrington RI 02806		
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	
Thomas Miller	1630 N Meridian St Suite 430 Indianapolis IN 46202	
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: 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		Date
Thomas P. Miller & Associates, LLC		10-29-2020
Signature of Authorized Person R: Lung Tark		

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

duly filed the requisite documents to commence business activities under the laws of the Sate of Indiana on January 14, 2002, and was in existence or authorized to transact business in the Sate of Indiana on October 28, 2020.

THOM'AS P. MILLER & ASSOCIATES

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the Oty of Indianapolis, October 28, 2020

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CONNIE LAWSON SECRETARY OF STATE

2002011500043 / 20201689164 All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on November 27, 2020. 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:

November 02, 2020 03:30 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

