



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

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2021 JAN -6 PM 12:19

**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:		
Ultimate Access Solutions, 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: New Jersey		
3. The date of its organization is: December 3, 2019		
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 Registered Agents Inc.		
Street Address (NOT a P.O. Box) 47 Wood Ave. Suite 2		
City/Town	State	Zip Code
Barrington	RHODE ISLAND	02806
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Low voltage installation		
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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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:

Registered Agents, Inc. 5 Greentree Centre, Ste 104  
525 Route 73 North, Marlton, NJ 08053

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

1200 West Creek Village Dr., Unit #E6  
Elkton, MD 21921

9. Management of the Limited Liability Company: **Low Voltage Installation**

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
Curtis Hudson	1200 West Creek Village Dr., Unit #E6, Elkton, MD 21921

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.

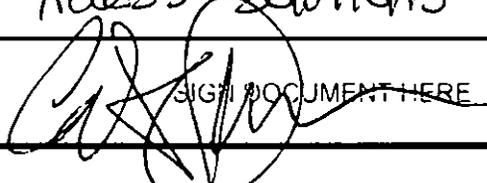
11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

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 <b>Ultimate Access Solutions LLC</b>	Date <b>12/16/20</b>
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Signature of Authorized Person  SIGN DOCUMENT HERE



**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**ULTIMATE ACCESS SOLUTIONS, LLC  
0450441421**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 03, 2019.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**REGISTERED AGENTS, INC  
FIVE GREENTREE CENTRE, STE. 104  
525 ROUTE 73 NORTH  
MARLTON, NJ 08053**



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of December, 2020*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

**Elizabeth Maher Muoio  
State Treasurer**

Certificate Number - 6113828020

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)



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:

January 06, 2021 12:19 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

