

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:

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purpose submits the following statement:				
The name of the limited liability company is:				
Asset Management Services USA LLC				
Is this company organized in its state or country of formation a	as a low-profit limited liability co	ompany? 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: New York				
3. The date of its organization is: 01/15/2016				
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 Rhod	e Island is:			
Agent Name Corporation Service Company				
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Debt Buyer				
	Check the box	to indicate an attachment		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 450 - Revised: 08/2020

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diligence.	ed the agent of the foreign limited liability company the resident agent cannot be found or served following	ing the exercise of reasonable		
The address of the office required to be if not so required, of the principal office of	e maintained in the state or country of its organization from the foreign limited liability company is:	on by the laws of that state or,		
600 Broadhollow Road, Melville, New York 11				
8. The mailing address for the limited liabi	ility company is:			
600 Broadhollow Road, Melville, New York 11	1747			
9. Management of the Limited Liability Co	empany:			
The Limited Liability Company is to be ma	anaged by: CHECK ONLY ONE BOX			
	d this box, go to Section 9. (DO NOT fill out the char	rt b elow .)		
By one (1) or more managers (List m				
MANAGER	ADDRESS			
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.				
	ate of Registration will be effective; CHECK ONE BO	OX ONLY		
✓ Date received (Upon filing)				
	more than 90 days from the date of filing)			
Under penalty of perjury, I declare and affi- accompanying altachments, and that all s	irm that I have examined this Application for Registr telements contained herein are true and correct.	ation, including any		
Type or Print Name of LLC		Date		
Asset Management Services USA LLC		11/17/2020		
Signature of Authorized Persort				

State of New York Department of State } ss:

I hereby certify, that ASSET MANAGEMENT SERVICES USA LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/15/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of ASSET MANAGEMENT SERVICES USA LLC was filed on 07/14/2016.

A Biennial Statement was filed 06/17/2020.

I further certify, that no other documents have been filed by such Limited Liability Company.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of January two thousand and twenty-one.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State