



State of Rhode Island  
Department of State - Business Services Division

**Application for Registration**  
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED  
RI. DEPT. OF STATE  
BUS SVCS DIV  
2021 MAY -7 A 9:52

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:                                                                                                                              |                    |                |
| CliftonLarsonAllen Wealth Advisors, 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: Minnesota                                                                                                                          |                    |                |
| 3. The date of its organization is: 02/16/1995                                                                                                                                |                    |                |
| 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 C T Corporation System                                                                                                                                             |                    |                |
| Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A                                                                                                       |                    |                |
| City/Town East Providence                                                                                                                                                     | State RHODE ISLAND | Zip Code 02914 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:                                                                    |                    |                |
| Finance and insurance investment advice.                                                                                                                                      |                    |                |
|                                                                                                                                                                               |                    |                |
| 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**

MAY 07 2021

BY *[Signature]* ZBVFV

FORM 450 - Revised: 08/2020

9:52

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:  
220 South 6th Street, Suite 300, Minneapolis, MN 55402.

8. The mailing address for the limited liability company is:  
220 South 6th Street, Suite 300, Minneapolis, MN 55402.

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                                                 |
|----------------------|---------------------------------------------------------|
| Jennifer Leary       | 220 South 6th Street, Suite 300, Minneapolis, MN 55402. |
| G. Scott Engelbrecht | 220 South 6th Street, Suite 300, Minneapolis, MN 55402. |
| Heidi Hillman        | 220 South 6th Street, Suite 300, Minneapolis, MN 55402. |
|                      |                                                         |

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>CliftonLarsonAllen Wealth Advisors, LLC | Date<br>05/06/2021 |
|----------------------------------------------------------------------|--------------------|

Signature of Authorized Person 

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](mailto:corporations@sos.ri.gov).

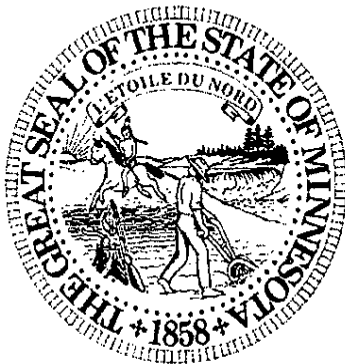
FORM 450 - Revised: 08/2020

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

|                              |                                         |
|------------------------------|-----------------------------------------|
| Name:                        | CliftonLarsonAllen Wealth Advisors, LLC |
| Date Filed:                  | 02/16/1995                              |
| File Number:                 | 1688-LLC                                |
| Minnesota Statutes, Chapter: | 322C                                    |
| Home Jurisdiction:           | Minnesota                               |

This certificate has been issued on: 04/15/2021



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota



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:

May 07, 2021 09:52 AM

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

Nellie M. Gorbea  
*Secretary of State*

