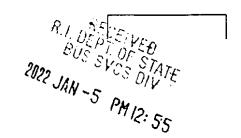
RI SOS Filing Number: 202207677490 Date: 1/5/2022 12:55:00 PM



## Application for Registration

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00



applies for a Certificate of Registration to trapurpose submits the following statement:	•	, ,	
1. The name of the limited liability compan	y is:	•	
LexisNexis Risk Data Management, Ll	_C		
Is this company organized in its state or co	ountry of formation	as a low-profit limited liability co	ompany? Yes No 🔀
The name, if different, under which it propo	oses to register and	I transact business in Rhode Is	land is:
2. The LLC is organized under the laws of:	Delaware		
The date of its organization is:	01/02/2022		
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 a	gent/office in Rhod	e Island is;	
Agent Name C T Corporation System			
Street Address ( <u>NOT</u> a P.O. Box) 450 Veter	rans Memorial Parkw	ray, Suite 7A	Annual Annua
City/Town East Providence		State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it propo- Provider of online information, research and an	·	transaction of business in Rho	ode Island are:
		•	
		Check_the box	x to indicate an attachment ' _f

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

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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:				
1000 Alderman Dr., Alpharetta, GA 30005				
The mailing address for the limited liability company is:				
1105 North Market St, Suite 501, Wilmington, DE 19801				
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, DO NOT fill out the chart below)				
By one (1) or more managers (List managers below)				
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.				
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		
LexisNexis Risk Data Management LLC	1/2/2022			
Signature of Authorized Person				
Berceanon				

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEXISNEXIS RISK DATA MANAGEMENT, 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 THIRD DAY OF JANUARY, A.D. 2022.

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

Authentication: 202301324

Date: 01-03-22

RI SOS Filing Number: 202207677490 Date: 1/5/2022 12:55:00 PM



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 05, 2022 12:55 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

