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R.I. DEPT. OF STATE

BUS SYCS DIV

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

- 2022 JAN 28: AM 11: 44

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| Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned applies for a Certificate of Registration to transact business in purpose submits the following statement: | foreign limited liability company the State of Rhode Island, and | y hereby d for that |
|--|--|---------------------------|
| The name of the limited liability company is: | | |
| Taub Feuer Group LLC | | |
| Is this company organized in its state or country of formation | as a low-profit limited liability of | company? Yes No 📝 |
| The name, if different, under which it proposes to register an | d transact business in Rhode Is | sland is: |
| The LLC is organized under the laws of: Delaware | | |
| 3. The date of its organization is: 03/04/2021 | | |
| 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 | le Island is: | |
| Agent Name Registered Agents Inc. | | |
| Street Address (NOT a P.O. Box) 47 Wood Ave, Suite 2 | | |
| City/Town Barrington | State RHODE ISLAND | Zip Code 02806 |
| 5. The purpose or purposes which it proposes to pursue in the | transaction of business in Rho | ode Island are: |
| Policy, Research, Development Consulting and Crir | minal Justice Reform | |
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| | | |
| | | |
| | Chark the hou | to indicate an attachment |
| | Oneck tile 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 FILED

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FORM 450 - Payrend 12/2024

| | d the agent of the foreign limited liability company for service of process if, at ne resident agent cannot be found or served following the exercise of reasonable |
|---|--|
| The address of the office required to be if not so required, of the principal office of | maintained in the state or country of its organization by the laws of that state or, the foreign limited liability company is: |
| 16192 Coastal Hwy, Lewes, DE 19 | 958 |
| 8. The mailing address for the limited liabi | lity company is: |
| 94 Medway Street, Providence, RI | 02906 |
| 9. Management of the Limited Liability Co | mpany: |
| The Limited Liability Company is to be ma | naged 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 m | anagers below) |
| MANAGER | ADDRESS |
| | |
| | |
| | |
| | |
| 10. This application must be accompanied formation dated within 60 days of the date | by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of of filing. |
| 11. Date when this application for Certifica | te 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) |
| | rm that I have examined this Application for Registration, including any tatements contained herein are true and correct. |
| Type or Print Name of LLC | Date / / |
| Taub Feuer Group LLC | 1/19/22 |
| Signature of Authorized Person | |
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TAUB FEUER GROUP 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAUB FEUER GROUP LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2021.

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

at core delaware gov/auth

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Date: 01-27-22