



State of Rhode Island  
Office of the Secretary of State

Fee: \$150.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Limited Liability Company  
Application for Registration

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: Veriforce, LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

Check if this company is organized in its state or country of formation as a low-profit limited liability company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: NM Country: US

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 03/17/2023

ARTICLE IV

The date of its organization is: 9/30/2019

ARTICLE V

The period of its duration is:  Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 10 WEYBOSSET ST  
UNIT 800

City or Town: PROVIDENCE

State: RI Zip: 02903

Name: C T CORPORATION SYSTEM

**Article VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

TO PROVIDE TECHNICAL SERVICES RELATED TO WORKPLACE SAFETY, INCLUDING BY NOT LIMITED TO: CONTRACTOR/WORKER LEVEL COMPLIANCE TRACKING, VERIFICATION TOOLS, CERTIFICATION AND RELATED SERVICES.

**ARTICLE VIII**

The Rhode Island 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.

**ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 1575 SAWDUST RD  
SUITE 600  
City or Town: SPRING State: TX Zip: 77380 Country: US

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 300 HOLIDAY SQUARE BLVD  
SUITE 100  
City or Town: COVINGTON State: LA Zip: 70433 Country: US

**ARTICLE XI**

The limited liability company is to be managed by its    Members or   X   Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CARL FOTO	300 HOLIDAY SQUARE BLVD. SUITE 100 COVINGTON, LA 70433 US

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is*

*that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 17 Day of March, 2023 at 10:49:22 AM by the Authorized Person.**

MIA CELINO

Form No. 450  
Revised 09/07

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STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

## *Certificate of Good Standing and Compliance*

IT IS HEREBY CERTIFIED THAT:

VERIFORCE, LLC

2140820

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on September 30, 2019, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: January 20, 2023

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



*Maggie Toulouse Oliver*

**Maggie Toulouse Oliver**  
Secretary of State

Certificate Validation #: 0072620

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under Certificate Validation.